



Response to Request for Information For Illinois Medicaid Health Systems Transformation and Implementation Consulting Services

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Organization Name:	Deloitte
Organization Address:	111 S. Wacker Drive Chicago, IL 60606-4301
Organization's Representative:	Clayton Frick
Contact information for the organization's representative:	312.486.2816 cfrick@deloitte.com

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Response to RFI Questions

1. Expertise in Implementing Large Health Care Systems Delivery Reform

Deloitte is nationally recognized as a premier firm in helping address the business needs and challenges of our clients. Our diverse work with state, federal, and commercial health care organizations enables us to offer innovative and holistic perspectives that are grounded in practical experience. In serving Illinois, we draw on our extensive experiences in government – more specifically with State health organizations and CMS/CCIIO – as well as the commercial market – including health care plans, providers, and life sciences organizations.

RFI reference: Page 5

1. Describe your organization's expertise in implementing large health care systems delivery reform such as an 1115 Waiver, CMMI State Innovation Model testing projects for developing multi-payer approaches to integrated health care delivery, and similar innovative and transformative state government implementation efforts.

a. The description should include reference to each of the five [six] requirements indicated above.

As a national leader in the life cycle of Medicaid reform with over 40 years of consistently serving public sector clients, Deloitte has built a strong track record across the Federal, State, and commercial health care landscape. We count former Governors, Medicaid Directors, State Chief Information Officers, health policy specialists, physicians, clinicians and other industry specialists among our team members. Deloitte has worked with both public and private organizations nationwide to implement large-scale change in health care programs. As a result of these successes, Deloitte remains the top health care consultancy in the country based on service to leading health plans, managed care organizations and providers, according to Kennedy Information Services.

With the recent creation of its State Health Care Innovation Plan, Illinois confirmed its commitment to being a leader among states in leveraging innovative solutions to improve the health of its residents and assuring access to affordable, high-quality care. Over the last year, Illinois not only stood up the Alliance for Health, but was also one of only 16 states to receive a State Innovation Model (SIM) planning grant from the Centers for Medicare and Medicaid Services (CMS) Innovation (CMMI) Center. With this plan now completed, Illinois is continuing on its *Path to Transformation* by preparing an 1115 waiver that is aligned to its five objectives supporting achieving the of “Triple Aim” of improved health status and improved efficiency and effectiveness of clinical care at reduced costs. Deloitte understands that achievement of such transformation and innovation is a complex endeavor, and is one that requires a



Describes our proven capabilities and expertise in

- Healthcare delivery systems transformation implementations
- 1115 waiver implementations
- State government consulting practice in HHS
- Medicaid business process modernization
- New Public Mgt. vs. Old Public Admin Method ology
- Medicaid Information Technology Architecture

partner with expertise in health care, experience in large scale transformations, and commitment to Illinois's unique environment and goals.

Deloitte brings these capabilities to Illinois as a result of our accomplishments in State, Federal and commercial health care, including past and current engagements with Illinois health care organizations.

- Deloitte's **State Health** team has aided States in improving population health through Medicaid transformation, provider-incentive programs, waiver/policy design, and related services. The State Health team, many local Chicago residents themselves, has deep knowledge of State government, Medicaid agencies, and key strategies to help states achieve their desired outcomes for their Medicaid program. Our state health practitioners work closely with our broader Health and Human Services practice to deliver active projects in 24 states and British Columbia, as illustrated in the graphic below.

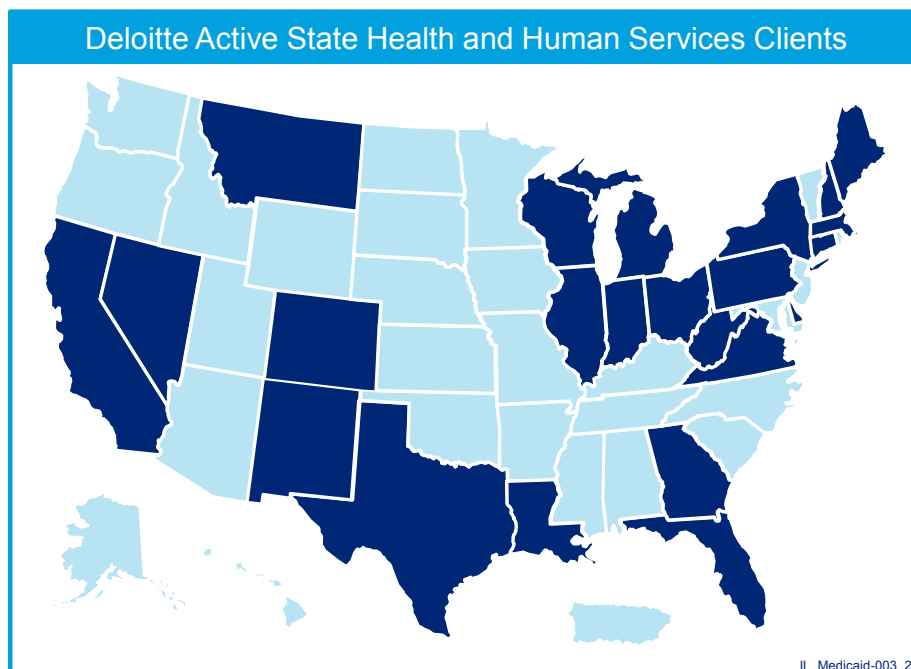


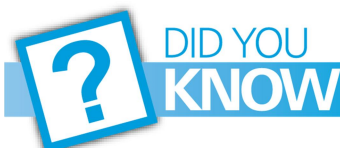
Figure 1. Deloitte's Active State Health and Human Services Clients

Deloitte's active HHS clients are designated by the darker color.

- Deloitte **Federal Health** experience includes providing extensive support to CMS in program management, program integrity and organizational design. Deloitte has also provided value to other Federal organizations, such as Patient-Centered Outcomes Research Institute (PCORI), Center for Disease Control (CDC) and Office of the Secretary (OIS), by integrating our health care expertise across both Federal and Commercial practices, as well as bringing our stakeholder engagement, technology and subject matter experience to meet the demands of a complex and fast-paced environment.

- Deloitte's **Commercial health care** practice consists of health plan professionals and specialists who have served the vast majority of the major health plan organizations throughout the US. Our Commercial health care practice has provided a full range of services to many of the nation's largest and most prestigious insurance companies, both commercial and not-for-profit, across the broad spectrum of Medical, Pharmacy, and Specialty insurance. Deloitte's practitioners combine their expertise in business process design and data analysis to help our health care clients deliver better value to their patients with higher quality services in a cost-effective manner. In the call-out box to the right we describe the breadth of our commercial experience.

Deloitte's past and current health care work across all sectors reflects our solid record of improving outcomes for both our clients and the populations they serve. Our experience is drawn from the hundreds of health care transformation projects we have performed for our clients, a commitment to our clients, and a drive to improve healthcare nationwide.



- Kennedy Consulting Research & Advisory named Deloitte as the largest global consulting provider, based on revenue and market share in 2012. Our experience includes
- Nearly 90% of the Fortune 500 Life Sciences and Health Care Companies
- Nearly 85% of the Top 25 U.S. Health Plans (as ranked by AIS's Directory of Health Plans)
- More than 75% of the Top 25 Managed Care Organizations (as ranked by HealthLeaders)
- Nearly 60% of the Nation's Blue Cross Blue Shield Plans More than 75% of the Honor Roll Hospitals (as ranked by U.S. News & World Report)
- 9 of the 10 Largest Healthcare Systems (as ranked by Modern Healthcare)

How Our Response Is Organized

In the following pages we provide more detail regarding Deloitte's capabilities to support Illinois in its Medicaid reform program.

1. Our response to Question 1 is organized by the six requirements identified in the RFI. Within each of these requirements, we describe the specific expertise and capabilities that we can offer to Illinois as well as how these capabilities distinguish Deloitte as a partner to Illinois in implementing large health care systems delivery reform. Although they span multiple requirements, for ease of review, we have mapped the fifteen areas of expertise listed on page three of the RFI to one of the six requirements listed in the RFI.
2. In Question 2 we feature three current projects that exemplify the requirements and expertise requested by Illinois. In the description we provide named client references and details about each project.
3. In Question 3, we provide a comprehensive list of states where Deloitte has successfully implemented similar health care delivery reforms. A matrix summarizes the state health projects that we have already implemented or are in the process of implementing. Additional details on any of these projects can be made available upon request.

In the Appendix we offer short biographical summaries of just a few of the staff with the skills and experience relevant to the requirements of Illinois.

The graphic below serves as a guide to our breadth of capabilities and outlines how our response to the RFI is structured.



Figure 2. How our Response to the RFI is Organized.

1. Healthcare Delivery Systems Transformation Implementations

RFI reference: Page 4

Requirements

Based on the information sought herein, respondents would include only those whose experience includes the following areas:

1. Healthcare delivery systems transformation implementations.

Overview

Deloitte understands Illinois' commitment to health care innovation and promoting access to high-quality, affordable health care. We also understand the critical budget issues facing Illinois and the significant impact the State's Medicaid program has on that budget.

To continue to innovate and transform the current health care delivery system from one that rewards volume to one that rewards value, The Office of Health Innovation and Transformation is focused on how to leverage the state's role in the health care delivery system and how to best to align incentives for all participants in Illinois' health care system to promote a value based, coordinated, and patient centered approach to health care.

We believe that the consultants supporting Illinois' transformational efforts need to possess a unique combination of skill sets, expertise and experience across all health care transformation domains. Deloitte has the unique ability to provide resources across our firm with extensive experience in all aspects of healthcare delivery system, Medicaid and state government transformation.

Description of Deloitte's Health care Transformation Capabilities

Deloitte brings a unique and diverse set of capabilities that draw from our experience in serving State Medicaid agencies, other State Health programs, Federal agencies, commercial health plans, and provider clients to transform their programs and services in response to the need for improvement of the health of populations they serve, the quality of the care they receive and to lower the cost of that care.

Below is a description of our capabilities referenced in the RFI as they relate to health care transformation and implementation.



- Long-standing track record of success. Holistic, industry approach – we design and implement innovative and large scale healthcare transformations in multiple states with an established, comprehensive, and integrated approach.
- Unmatched resources, with a wide network across commercial healthcare organizations, as well as federal health programs, we bring the depth and breadth our clients need to solve their most challenging and complex healthcare issues.
- Collaborative style. Our people are our most valuable asset and we invest in them with results; we are well-known in the industry for being easy to work with, practical, solutions-oriented and passionate about our work across all services including; strategy development, operations improvement, change management, and technology strategy.

Medicaid subject matter expertise

RFI reference: Page 3

To execute such an ambitious reengineering of the State's delivery system, a respondent with expansive expertise in the following non-exhaustive areas may be required:

- Medicaid subject matter expertise;

Deloitte has a long history of supporting states' efforts to improve the performance of their Medicaid programs and has a strong team of professionals whose careers have focused on a wide range of Medicaid and State Health issues. We are currently providing Medicaid advisory services in Texas, Pennsylvania, New Hampshire, Ohio, Maine, and Kentucky. In addition, our deep understanding of Medicaid related policy and programmatic issues is a key element of the Medicaid related technology services we currently provide in 24 states. To each Medicaid engagement, Deloitte brings a deep understanding of the policy, programmatic, operational, and technological elements of a State's Medicaid program in order to develop and implement actionable and impactful initiatives. Engagements include:

- Partnering with the State of Maine's Office of MaineCare Services to help address challenges associated with a difficult Medicaid Management Information System (MMIS) implementation. Since that time, Deloitte worked extensively with MaineCare to help stabilize and improve its program, operations, and technology in order to better support their changing Medicaid business model.
- Assisting the Commonwealth of Pennsylvania to improve the performance of its Home and Community Based (HCBS) Waiver Programs through helping to design and implement a shift from program-funding to fee-for-service funding in a county-based delivery model.
- Managed the overall Medicaid Expansion implementation for The Commonwealth of Kentucky, who elected to expand Medicaid to 138 percent FPL as part of the Patient Protection and Affordable Care Act (ACA). Deloitte provided subject matter support, including State Plan Amendment Development, financial analysis, training and communications development, benefit design, and technology change management. Through a collaborative effort, between the Commonwealth and Deloitte, Kentucky received the necessary CMS approvals and completed the required activities to go-live with Medicaid.

Deloitte's Federal practice has also supported the Patient-Centered Outcomes Research Institute's (PCORI) efforts to improve the performance of the Medicaid program.

- Deloitte assisted PCORI in supporting its major programmatic areas. Similar to the scope of the support for the Office of Health Innovation and Transformation, tasks included support for executive staff, the program development committee, and the methodology committee; grants management, patient and stakeholder engagement, scientific capabilities, and IT strategy. Deloitte provided value to PCORI by integrating our health care expertise across both Federal and Commercial practices, as well as bringing our stakeholder engagement, technology and subject matter experience to meet the demands of a complex and fast-paced market.

Deloitte's Commercial Health practice provides support to a number of health plans that provide health care coverage to Medicaid consumers on a range of issues from evolving their care management strategies to address the complex physical, behavioral and long term services and support needs of their members to improving how they can more effectively engage their Medicaid members. Engagements include:

- Supporting a Rapid Response team at Aetna, responsible for setting strategy and developing a roadmap across health care reform initiatives. Deloitte provided executive support in the development of a strategy to prepare for the challenges including the creation of a new business operating model, implementation planning, a scenario-based business case model for evaluating entry into exchanges, and development of an Individual Segment business case and accompanying financial models. Our expertise in health transformation initiatives not only benefits commercial health care companies like Aetna, but also state health and human service programs.
- Providing support to a national health plan in reducing medical costs through redesigning their Medicare and “Dual-Eligible” medical management function. Deloitte assisted by identifying industry best practices and opportunities for improvement using our centers of excellence, creating an implementation plan and prioritization framework for the proposed Medical Policy Initiatives and a clinical model for Dual Eligible individuals. We also created new Medicare models that emphasize telephonic, staff model and Patient Centered Medical Home (PCMH) focused care models and developing the Detailed System Design for the initial Pilot Program.

Technical expertise in complex health care delivery systems transformation

RFI reference: Page 3

To execute such an ambitious reengineering of the State's delivery system, a respondent with expansive expertise in the following non-exhaustive areas may be required:

- Technical expertise in complex health care delivery systems transformation, Medicaid business process operations; and related actuarial and fiscal operations; **Note that this is a response to the first component of this requirement*

As described above, Deloitte brings expansive expertise in Medicaid and provides a wide range of services including policy research, subject matter expertise, program design, and program implementation support. In addition, Deloitte is also actively supporting a number of states as they address health care delivery system transformation through the implementation of various ACA initiatives.

Deloitte is supporting transformational initiatives in Texas, New Hampshire, and Maine that are being conducted through State Innovation Models (SIM) Initiatives from Centers for Medicare & Medicaid Services (CMS) Innovation Center (CMMI). For example, Deloitte recently supported the State of Texas Health and Human Services Commission (HHSC) in the design of innovative payment and delivery system models as part of the State's SIM Design Grant. In this role, Deloitte worked with Texas to design innovative multi-payer delivery and payment models that base payment on quality outcomes. Specifically Deloitte helped HHSC with national research on payment structures including existing accountable care organizations, shared savings arrangements, and other quality-based payment initiatives.

The New Hampshire Department of Health and Human Services (DHHS) received a SIM Design Grant and engaged Deloitte to assist with the development of their SIM design activities. In this role, Deloitte helped develop a new delivery system for long term services and supports (LTSS) by creating new payment structures that encourage better coordination and collaboration among the systems of care that meet the needs of individuals who receive long term services and supports (LTSS). In addition to developing the model, Deloitte helped DHHS develop an approach for its movement of the LTSS population into mandatory managed care.

Deloitte supported the implementation of the Office of MaineCare Services' SIM Testing grant by supporting a transition of their delivery system from a fee-for-service model to an ACO-like program. In this role, Deloitte helped Maine transition the Medicaid program into a shared-savings Accountable Communities program, which is designed to improve quality and cost of care by paying for performance and increasing transparency.

Deloitte's role as a marketplace leader and expert in the transformation of health care delivery systems is also evidenced by our work on state health insurance exchange (HIX) implementations. In the current health care environment, HIX implementations are arguably the most transformative projects that states are undertaking. Deloitte has demonstrated its experience and expertise in this environment by planning, designing, and implementing four of the most successful state-based exchanges in Washington, Kentucky, Connecticut, and Rhode Island. A key element of the success of our HIX projects is our understanding of the complex intersection of Medicaid and the individual insurance markets and how to design and implement technology solutions that support the specific goals of each State's HIX initiative.

Provider incentives management planning

RFI reference: Page 3

To execute such an ambitious reengineering of the State's delivery system, a respondent with expansive expertise in the following non-exhaustive areas may be required:

- Provider incentives management planning

Deloitte understands that changing how providers are paid and rewarded is a key health care transformation strategy. To this end, we have helped states design and implement new provider payment incentive programs that encourage the improvement of consumers' health status, the quality of services provided, and the costs of those services.

A key aspect of provider incentive management is developing and implementing a plan for evaluating the effectiveness of the incentive program. For example, as part of Deloitte's on-going support of Texas's 1115 waiver program, we developed:

- A provider application to submit improvement plans,
- Provider reporting tools that allow the Health and Human Services Commission (HHSC) to track progress against the provider improvement plans,
- Reporting tools that allow HHSC to communicate provider plans and progress to internal leadership and CMS, and
- Models that allow HHSC to assess reimbursement methodologies associated to provider reimbursement against their progress.

We also developed a financial model that allows Texas HHSC to understand the impact of health reform and policy decisions on their Disproportionate Share Hospital (DSH) and Upper Payment Limit (UPL) supplemental hospital payments. This flexible model allows the State to quickly understand the fiscal impact of reform and policy decisions by year and by hospital. The flexibility and functionality of Deloitte's projection model allows the State to quickly understand the impact of policy decisions and their relationship to the potential impact of health reform on their supplemental payments.

Medical workforce development planning

RFI reference: Page 3

To execute such an ambitious reengineering of the State's delivery system, a respondent with expansive expertise in the following non-exhaustive areas may be required:

- Medical workforce development planning

Deloitte recognizes the importance of workforce development to a comprehensive health care reform strategy. Changing the focus of healthcare delivery to a coordinated, evidence-based, and patient-centered model will require significant changes in how providers approach their roles with their patients. In addition, it is important for states to understand and address provider capacity issues as a result of new strategies and the increasing number of people who will have access to health care services as a result of the ACA.

The Deloitte Center for Health Solutions (DCHS), the health services research arm of Deloitte, has investigated post-reform health care workforce transformation with advice from the Bipartisan Policy Center's Health Professional Workforce Expert Advisory Panel. The study examined the current landscape, incentives, and innovations in care coordination, and the future expectations of the health care workforce through the lens of a broad definition of health care professional workforce, which ranges from the vocationally trained to post-tertiary clinical specialists. In addition, the study included an analysis of current and future supply projections for 12 health professions; a review of current supply methodologies and research initiatives; and a review of the many factors that influence how we think about workforce supply and composition in a post-reform era. This Issue Brief discusses selected findings from the study; an Executive Summary and Background Report can be found on the Bipartisan Policy Center's Web site.

While our findings reflect substantial job growth in the health care sector, a material task is to identify workforce priorities and policies that may provide a sufficiently deep pipeline of trained and effective workers who are able to take advantage of emerging technologies and new, quality-driven service delivery models. The ACA flags the need to increase workforce supply and capabilities, develop workforce diversity, and strengthen professional areas where supply is weak. While addressing existing workforce problems, these strategies also point to future changes that will be necessary to provide a sufficient supply of talent to meet the changing demands of the health care system.

Several states partner with Deloitte to conduct workforce assessment and development planning initiatives. For example, we are supporting a workforce development planning engagement in Kentucky. Anticipating change arising from the establishment of the Kentucky Health Benefit Exchange (KHBE), the Commonwealth of Kentucky procured Deloitte to assist in a 10-week study to assess current access to and availability of Kentucky's existing health care workforce. This study included:

- Identification of shortage areas where an increase in the health care workforce is required to meet current and future needs of Kentuckians;
- Identification and assessment of legislative and administrative policy changes that may be needed to increase the supply of health care providers to improve population health; and
- Development of a plan, including recommendations and strategies, for recruiting and maintaining an adequate and available health care workforce.

In addition to developing a written report, Deloitte developed a dynamic visualization tool to geo-map the underlying data analysis used to calculate the workforce capacity and identify gaps across the Commonwealth by provider type. The visualization tool includes the ability to model the output in current capacity (2012), Medicaid expansion scenarios, five-year projected need (2017), and numerous other views.

Screenshot from Kentucky Capacity Study Visualization Tool (Tableau)

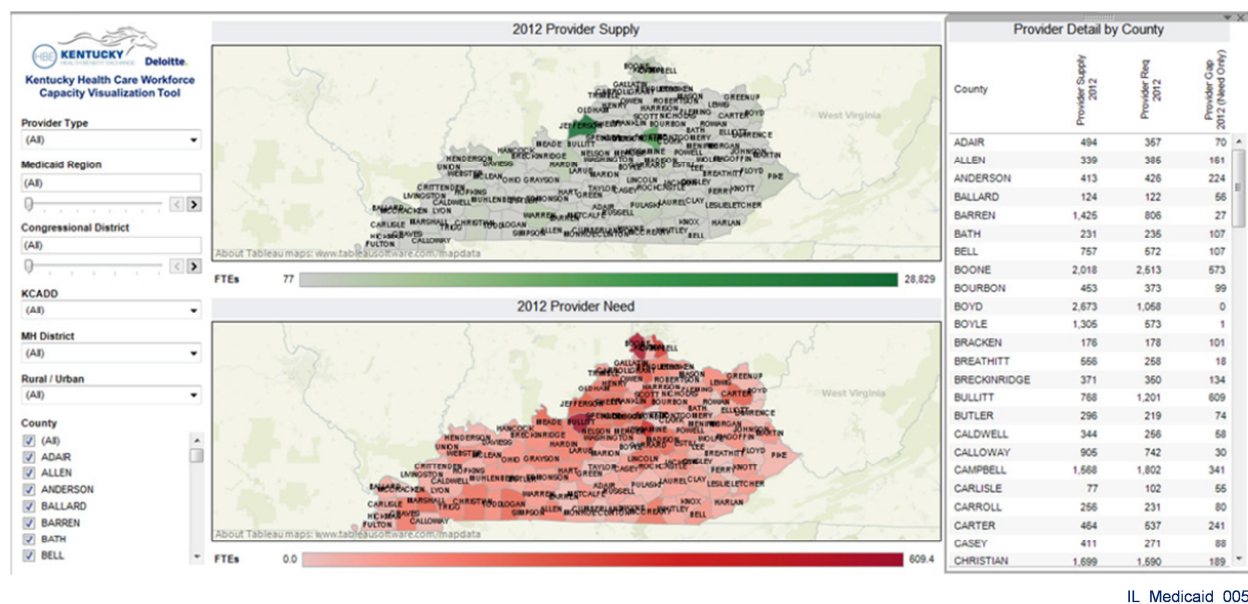


Figure 3. Screenshot from Kentucky Capacity Study Visualization Tool (Tableau).

This report can be found on the KHBE's Web site [here](http://healthbenefitexchange.ky.gov/Documents/KY%20Healthcare%20Workforce%20Capacity%20Report%20FINAL%205_28_13.pdf).
http://healthbenefitexchange.ky.gov/Documents/KY%20Healthcare%20Workforce%20Capacity%20Report%20FINAL%205_28_13.pdf

Managed care implementation planning

RFI reference: Page 3

To execute such an ambitious reengineering of the State's delivery system, a respondent with expansive expertise in the following non-exhaustive areas may be required:

- Managed care implementation planning

Deloitte has extensive experience working with states as they plan for the initial and/or phased implementation of their Medicaid managed care programs. We worked with states in both the design and launch phases of their managed care programs, and have experience in developing state-specific plans for both phases of this initiative.

For example, Deloitte provided technical assistance to the New Hampshire DHHS when its legislature required them to implement a mandatory Medicaid Care Management (MCM) program for all of its Medicaid population that included virtually DHHS all Medicaid covered services. Specifically, Deloitte created a program framework to help DHHS move all Medicaid-eligible populations into this managed

care program. Ultimately, DHHS decided to stagger the implementation of MCM. The inclusion of medical and acute care services into the State's MCM model is referred to as Step 1. Deloitte assisted with the drafting of the MCM RFP, the managed care organizations' (MCO) contract, and the MCO readiness review tool for Step 1. The MCM program also included the creation of a statewide MCM model that integrated physical health, behavioral health, waived long-term support services, and nursing home services. The inclusion of these four elements into the State's MCM model is referred to as Step 2. Deloitte is currently assisting the State to design the MCM Step 2 model, develop MCO contract requirements related to the populations and services included in Step 2, and draft program design components of DHHS's 1115 waiver application to CMS to implement this next phase of their MCM program.

In addition to supporting New Hampshire, Deloitte also supported the State of Minnesota Department of Health Services (DHS) with the competitive procurement for health care services under their Medicaid managed care programs. Deloitte provided consultation on the structure of Minnesota DHS' competitive procurement, including establishing criteria for the RFP language, evaluating the cost bids, and making recommendations regarding development of the data book components. We provided consultation and participated in the cost bid best and final offer negotiations process, helped to identify incentives that can be utilized in the competitive procurement to encourage submission of viable proposals and provided recommendations regarding alternate assignment methodologies in the event there is no single low-cost bidder. We also worked with Minnesota DHS to understand the potential impact and approach for applying their innovative employee health program, Advantage, to the State's Medicaid programs. In addition, Deloitte developed a proposed approach for, identified the considerations and potential obstacles of, and projected the high-level savings of implementing a tiered network concept in their Medicaid programs.

Internal and external stakeholder engagement

RFI reference: Page 3

To execute such an ambitious reengineering of the State's delivery system, a respondent with expansive expertise in the following non-exhaustive areas may be required:

- Internal and external stakeholder engagement

Deloitte recognizes that with the planning and implementation of transformative health care delivery systems comes the need for broad internal and external stakeholder engagement. With the stakeholder engagement already conducted thru the Alliance for Health it is clear that Illinois is committed to this critical success factor of a major health care transformation. Our experience with both levels of stakeholder engagement is extensive, and is evidenced by our work on both SIM and CMS 1115 waiver projects.

For example, Deloitte was engaged by the State of Kansas Medicaid Planning to design and implement a public input and stakeholder engagement process. In this role, we used our innovative health research centers and policy frameworks, which can also be applied to the Illinois Office of Health Innovation and Transformation, which is responsible for coordinating the State's Medicaid modernization plan with its partners in the State's internal and external stakeholders. During this project, we engaged stakeholders by collecting stakeholder data through various surveys, workshops, and forums to guide policy changes. We also implemented a framework to work with various stakeholder groups, including the Kansas Health

Foundation and United Methodist Health Ministry Fund, and captured the major Medicaid reform themes that emerged throughout the process.

In New Hampshire, Deloitte facilitated an extensive stakeholder engagement process as part of their SIM initiative. We worked collaboratively with DHHS and over 60 different stakeholder groups to develop the transformative SIM initiatives included in the State's Health Care Innovation Plan. To do so, Deloitte deployed a "top down" approach containing four different steps:

- Developing and gaining a consensus on a vision and mission statement for the SIM project;
- Helping the stakeholders and DHHS develop goals and desired outcomes for the SIM, project;
- Developing with the stakeholders and DHHS a payment reform strategy; and
- Defining a set of specific initiatives that will be tested in the Model Testing phase.

Upon completing each of the four steps outlined above, Deloitte used this established stakeholder engagement process to develop the State's Health Care Innovation Plan, which underwent multiple steps of stakeholder comment and consensus. The results were a comprehensive plan with input from numerous stakeholders critical to the long-term success of the effort.

Project management and consulting experience (PMO)

RFI reference: Page 3

To execute such an ambitious reengineering of the State's delivery system, a respondent with expansive expertise in the following non-exhaustive areas may be required:

- Project management and consulting experience (PMO)

Deloitte recognizes that large-scale transformation projects demand the use of a proven, methodical, and team-based approach that confirms everyone 1) understands their role, 2) understands the scope of the project 3) is aware of milestones/deadlines, and 4) is using the same approach for developing project components and deliverables. Deloitte's project management methodology provides the foundation for achieving these goals and supports the processes needed to successfully deliver on each step of a transformation project. The methodology is a result of successful implementations of complex new programs and technology over the past 40 years in almost all the states and for the Federal government. Deloitte's production proven methodology has been utilized, taking lessons learned, and best of breed practices from each implementation, culminating in our project management scope/approach displayed in the graphic below.



Figure 4. Deloitte's Project Management Scope.

Deloitte's experience in delivering on this project management approach is evidenced in many of our state-based projects. For example, our experience with Texas demonstrates the project management and consulting expertise that we provide our clients, primarily with 1115 and 1915 waiver strategies and compilation. Also, in providing project management support to the State of Maine, Deloitte worked to identify issues and solutions, managed vendor system development initiatives, coordinated with the Centers for Medicare & Medicaid Services (CMS) on stabilization efforts and Advance Planning Document (APD) amendments, and provided routine communications to the legislature and project steering committee. Deloitte also provided critical project management and business advisory services for the MaineCare MMIS implementation, including managing the implementation of standardized processes, procedures, and tools to support all core project management activities. We developed various status reports, monitored project progress and risk, and helped manage the project work plan and scope.

2. 1115 Waiver Implementations

RFI reference: Page 4

Requirements

Based on the information sought herein, respondents would include only those whose experience includes the following areas:

2. 1115 Waiver implementations.

Overview

Waivers have been a critical component of Medicaid programs for decades – and with the passage of the ACA, the use of waivers has increased significantly, as states are seeking ways to expand and reform Medicaid in manner that is sustainable and appropriate for their environment.

State efforts to increase Medicaid coverage while managing and predicting out year costs are leading to new ideas for improved delivery efficiency and cost management. Some states are moving towards increased cost-sharing for many participants, as a way of promoting accountability for service utilization as well as to offset state expenditures. Others are proposing revisions to managed care contracts to implement value-based payment methodologies and increase performance measurement based on quality.

Working alongside our clients, the Deloitte team has been recognized as an industry leader in Medicaid transformation. We provide a range of services to assist state governments—from developing health care strategies to assessing the impact of legislation and preparing responses to changes that include financial impacts. We bring significant experience across the nation in Medicaid transformation including, waiver development and implementation and actuarial and rate setting health care experience.

A few examples of our experience and capabilities around supporting Medicaid transformation include:

- Supported the end-to-end development of the Healthcare Transformation 1115 waiver for the State of Texas. This waiver provides the State of Texas the ability to payout up to \$29 billion for uncompensated care, charity care, and care improvement opportunities to providers over the five-year waiver period for Texas.
- Developed effective reporting tools that allow for constant provider and plan progress monitoring throughout waiver implementation.
- Supported the State of Maine as they moved from a fee-for-service reimbursement model to a value-based purchasing model that involves the creation of Accountable Communities, a shared savings reimbursement structure, for MaineCare's Medicaid program.



DISTINGUISHING FACTORS

1115 Waiver Implementation and Medicaid transformation financial service:

- Assisted over 20 states in the development or implementation of some of the most transformative waivers across the country
- Customizable tools to perform ongoing waiver monitoring
- Experience in incorporating quality and performance improvement strategize into Medicaid reimbursement
- Nearly 120 health care actuarial practitioners

- Provide our clients with access to nearly 120 health actuarial practitioners, over 60 credentialed Associate and Fellows of the Society of Actuaries, with actuarial experience across the healthcare industry

This recognition has led to hundreds of health care projects across the country. Each of these projects provides our staff an opportunity to deliver direct and relevant results, similar to the potential needs identified by the State of Illinois as outlined in the RFI.

Description of Deloitte's Capabilities

Deloitte team members have helped our clients develop 1115 waiver strategy, submission, and implementation; developed actuarially sound rates/rate ranges, risk adjustment methodologies and impact assessments; analyzed federal and state policies and the fiscal impact; determined Medicaid liabilities; and developed and negotiated SPAs on critical financing and methodology projections.

The Deloitte team has experience working with State Medicaid Agencies to draft waiver language, provide justifications and cost estimates to for submission to CMS and implement waivers that successfully support the waiver objectives and outcomes. Our team has assisted over 20 states in the development or implementation of some of the most transformative 1915 and 1115 waivers in the country. We understand the waiver processes required to provide valuable assistance to our clients during waiver development, submission, and implementation. Our experiences include supporting states with end-to-end development of the financial plan and strategy for the waiver application, including operational aspects such as quality management. We have developed reporting mechanisms to continue communication of service delivery details to both state and CMS leadership. These reports provide additional information on the implementation and costs.

We have helped our clients addresses issues such as what services should be included in the waiver request, what provisions need to be waived, how access and quality issues may be affected, how provider supply may be affected, and what cost and savings have been experienced in other states with similar waivers. With our team's waiver experience, we also have insight into what questions or concerns CMS may raise with a given waiver proposal, what information may be required to address those concerns, and the implementation reporting and monitoring required.

Our team has helped lead 1115 waiver projects in New Hampshire, Texas, Indiana, Wisconsin, and Michigan. Our end-to-end experience with these waivers gives us vision into successful waiver implementations. Recently our team supported the end-to-end development of the Healthcare Transformation 1115 waiver for the State of Texas as mentioned above and furthermore in the qualifications section. Our team was an integral part of this waiver including initial waiver strategy, financial development, CMS negotiations, and now currently assisting in the implementation, reporting and monitoring.

Actuarial and Fiscal Operations

RFI reference: Page 3

To execute such an ambitious reengineering of the State's delivery system, a respondent with expansive expertise in the following non-exhaustive areas may be required:

- Technical expertise in complex health care delivery systems transformation, Medicaid business process operations, and related actuarial and fiscal operations; **Note that this is a response to the second and third component of this requirement*

Medicaid transformation and program changes impact stakeholders in a variety of ways including direct financial impacts on payments made. While it is obvious that a change from fee-schedule to a capitation rate based reimbursement method would have a direct financial impact, it is often not as evident how a policy or indirect program change may impact fiscal operations. Deloitte brings experience in providing actuarial and fiscal operations assessments from major reimbursement reform initiatives to legislative and federal government policy changes to system coding modifications.

To support and analyze program transformation and policy and programmatic changes, Deloitte has the ability to call upon one of the largest health actuarial practices in the nation, with a pool of nearly 120 health actuaries from which to draw. Members of our team have experience with numerous state Medicaid programs performing strategic and financial management activities. Our actuarial team has supported several states in complete activities ranging from certifying actuarially sound Medicaid capitation rates, product pricing and business strategy to program and policy change financial impact analysis for our health plan and provider clients. Our actuaries work closely with CPAs, data experts, risk adjustment rate experts, clinicians, physicians, CMS policy authorities, and health program professionals to confirm those with expertise within an area of interest to our clients are engaged and supporting those initiatives.

The Deloitte health actuarial staff consists of resources who have a broad understanding of health care and who have performed a wide range of services for State government and federal agencies as well as numerous health plans and providers. The team's capabilities mean that for any task, the Deloitte health actuarial practice has staff with the skills and experience to support a range of analytical and strategic initiatives. As leaders in the marketplace, the Deloitte health actuaries look forward to the future of health care, how it will impact our clients and what steps can be taken now to prepare for the inevitable change that is inherent within the health care industry.

Specifically related to 1115 waivers, Deloitte brings experience in calculating budget neutrality, developing monitoring tools, and creating the required reporting templates. Our team's experience includes:

- Creating models to assess the budgetary impact of expanding the Medicaid program to the adult uninsured based on cost sharing and benefit design parameters
- Developing an interactive budget neutrality model for state commissions to understand the impact of various waiver approaches
- Projecting the waiver funding needed from the State Government, Federal Government, and enrollees while maintaining waiver budget neutrality requirements
- Developing the costs for different proposed insurance packages

- Modeling projected uptake rates for proposed insurance packages
- Identifying the savings associated with each of the years of a proposed waiver for each of the different proposed programs within a waiver
- Performing historical and projected data analytics as required by the waiver
- Performing all the budget neutrality calculations as required by the waiver
- Summarizing quarterly waiver costs and savings
- Developing reporting tools that allow for constant provider and plan progress monitoring throughout the waiver
- Leading budget neutrality discussions with CMS
- Estimating the impact of expanding the managed care programs on supplemental payments (i.e. DSH and UPL)
- Leading and participating in hospital workgroup sessions
- Performing ongoing monitoring of waiver costs and savings
- Developing provider improvement project reporting tools

Medicaid Provider Reimbursement Methodologies

RFI reference: Page 3

To execute such an ambitious reengineering of the State's delivery system, a respondent with expansive expertise in the following non-exhaustive areas may be required:

- Medicaid provider reimbursement methodologies;

Transforming and redesigning health care delivery systems requires an assessment of the provider reimbursement methodology. Reimbursement needs to support the program goals and initiatives to promote the desired change in provider behavior. It is important to engage stakeholders and consumers in decisions to promote wellness, health improvement, and individual accountability.

Provider reimbursement methodology reform is a commonly discussed topic across state and federal agencies trying to increase the access to and quality of care while reducing costs and overall service utilization. As such it is central to most state's innovation models. There are several options for implementing payment reform strategies from transitions from fee-for-service arrangements to managed care, instituting value based care payment models and providing efficiency incentives to plans and providers.

Deloitte brings subject matter knowledge of developing and incorporating quality and performance improvement initiatives into reimbursement methodology. We have worked with clients to design, implement, communicate and calculate payments for their incentive programs. We also recognize the regulations that exist in regards to these programs (e.g., Medicaid programs are capped at 105 percent of the approved capitation payment). We have experience with application of the Medicare STAR rating's impact on Medicare Advantage (MA) rebates and payment rate.

The following list provides additional examples of our team's experience related to quality assessment and performance improvement activities.

- Consulted with State Medicaid programs on developing quality incentive programs that incent their Managed Care Organizations (MCOs) to focus on improving the long-term health status of their members
- Benchmarked health plan medical costs and quality performance to identify strategic opportunities for clinical quality, provider profiling, and economic improvement
- Led Healthcare Effectiveness Data and Information Set (HEDIS) quality review teams for National Committee for Quality Assurance (NCQA) data submission and quality analysis/assessment to drive clinical performance improvement
- Developed analytic tools to identify clinical quality opportunities to improve healthcare delivery performance in indigent/high risk populations
- Developed innovative approach to assist in design and implementation of ACA Medicaid health home program and related analytics targeting high utilizer population and integrated care coordination service model.
- Evaluated Medicaid health plan's Quality Department, including quality improvement initiatives and results for large insurers intending to purchase services from the organization
- Supported several providers who are in the Medicare Shared Savings Program or Pioneer ACOs assess their ability to hit the quality metrics
- Developed a physician pay for performance program for a State Medicaid program
- Developed bundled payment strategy development, pricing, and application development for providers that had to create savings by hitting quality metrics
- Assisted the State of Maine with a transition to a more consistent methodology of paying providers for hospital services within their Medicaid program and currently helping them implement a value-based purchasing model under their State Innovation Model (SIM) Testing Grant

Medicaid State Plan Amendments

RFI reference: Page 3

To execute such an ambitious reengineering of the State's delivery system, a respondent with expansive expertise in the following non-exhaustive areas may be required:

- Medicaid State Plan Amendments;

We understand that assessing and responding to potential program and policy changes is critical as they may have an impact on utilization of Medical Assistance services in the managed care or FFS programs or on future reimbursement rates. We understand the need for analytical and advisory support on items such as federal or state Medicaid program changes, refinements to the state plan services and covered populations, and program funding changes.

Often with program transformation or during the renewal periods, stakeholders want clarification on certain issues or assumptions or simply wish to negotiate for a better position. Similarly, especially when it

involves a waiver or another reimbursement reform, CMS may want to clarify certain points and often a State Plan Amendment (SPA) is required.

Deloitte has experience in developing and negotiating SPAs on critical financing and methodology projections in several states including, but not limited to, Illinois, Kansas, Maine, Michigan, Pennsylvania, Texas, and Wisconsin. This experience includes analyzing cost impacts of program changes authorized under state plan amendments (SPAs). We have calculated the impact to capitation rates for such changes as carving pharmacy out of the MCO service package, adopting a supplemental maternity (kick) payment, or limiting the number of office visits allowed in a year. For the State of Illinois, members of our team supported a SPA for a public provider UPL program with Illinois public medical centers and physicians. Experience related to State Plan Amendments includes:

- Projecting cost impacts to reimbursement changes
- Drafting language for inclusion in the SPA
- Conducting Q&A sessions with CMS
- Using our *Advanced Analytics* toolkit to assess potential changes in utilization and pricing as well as projected impacts to eligibility given the revisions in the SPA
- Incorporating changes into Deloitte's *Policy Impact Modeler* to make the appropriate adjustments to historical data to reflect anticipated changes in health care delivery, utilization, cost, and eligibility expected under the SPA

Deloitte's experiences and tools benefit Illinois by offering accelerators to the complete design and implementation of its Medicaid program, including 1115 waivers.

3. State government consulting practice with expertise in health and human services

RFI reference: Page 4

Requirements

Based on the information sought herein, respondents would include only those whose experience includes the following areas:

3.State government consulting practice with expertise in health and human services.

Overview

Deloitte brings decades experience helping states implement and manage the complex health and human services programs that protect and promote the health, safety and well-being of citizens. We understand the business of health and human services and help states deliver extraordinary advantages to citizens by increasing the efficiency, effectiveness, accessibility, accountability and responsiveness of services and benefits.

Over the past years our firm has continuously served in the state health and human services space—from Medicaid to State Children’s Health Insurance Program to today’s ACA provisions. Our experience includes successful completion of 28 large-scale eligibility case management solutions and 23 self-service solutions. Our experience as well as our deep knowledge of the core skills and abilities necessary to help state government achieve programmatic excellence uniquely positions us to partner with Illinois on a variety of projects.

Deloitte’s extensive consulting experience supporting health and human services related projects provides us with the background and experience needed to help Illinois achieve its program and technology goals. Thus, Illinois benefits from our knowledge, reusable collateral, accelerators, leading practices, and repeatable methodologies employed on our numerous similar health and human services projects.

Description of Deloitte’s Capabilities

To meet the needs of its citizens, Illinois requires a partner with deep HHS knowledge as well as demonstrated leadership in national trends and leadership around health and human services integration. In addition, the state needs a partner with health care transformation experience, including the capability to help establish new organizations in government and integrate an existing organization’s people to new



- Deloitte has worked alongside nearly all US states plus the federal government consulting on health and human service projects
- We bring more than over 40 years of HHS experience
- Illinois can benefit from our knowledge, reusable collateral, accelerators, leading practices, and proven methodologies

processes and systems. We are uniquely positioned to help Illinois achieve your health and human services goals.

Our state health and human services projects range in scope from complete implementations of integrated eligibility systems to standing up new organizations to streamlining government agencies. Deloitte's hands-on experience means Illinois benefits from our actual lessons learned from similar system projects. In addition to the state health care and Medicaid experience we described, our firm has unmatched breadth and depth with respect to other types of human services programs in the areas of eligibility, provider management, case management, child welfare, child support, and HHS domain across the nation. Deloitte's state government consulting work has increased collaboration and enhanced communication among state government agencies in Texas, Pennsylvania, Michigan, New Mexico, and New Hampshire, in addition to other HHS clients, as illustrated in the following figure.

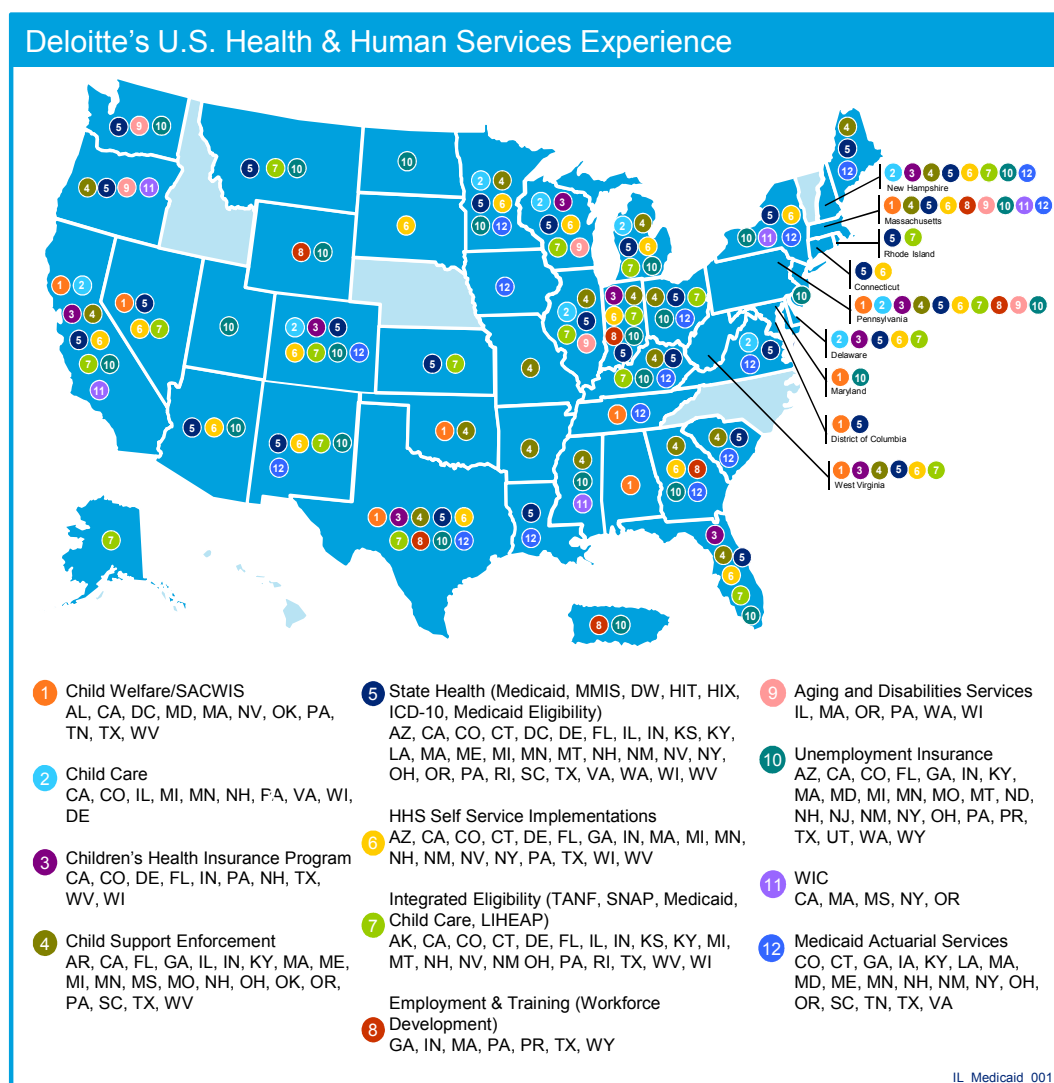


Figure 5. Deloitte's U.S. Health and Human Services Experience.

Clinical and social work methodologies

RFI reference: Page 3

To execute such an ambitious reengineering of the State's delivery system, a respondent with expansive expertise in the following non-exhaustive areas may be required:

- Clinical and social work methodologies;

We regularly include clinicians of all types on our integrated Health and Human Services project teams – including doctors, nurses, social workers, psychologists, counselors, and others. Their roles on project teams vary depending on need. They typically serve in the role of advisor, helping our teams integrate methodologies and clinical treatment principles as needed. For example, on our child welfare engagements we often include a child welfare counselor as part of the team. In some cases we may even have a clinician lead a project; for example, in a recent behavioral health project we did for Kentucky, because the nature of the work involved program evaluation and consultation with medical professionals, the Deloitte project manager was a psychologist. We believe that one of the reasons we have been part of so many successful state health and human services projects is because of our integrated teams and the expertise of our staff.

Health and human services consent decrees

RFI reference: Page 3

To execute such an ambitious reengineering of the State's delivery system, a respondent with expansive expertise in the following non-exhaustive areas may be required:

- Health and human services consent decrees

Our teams have been involved in helping states comply with and report on status of implementation of consent decrees, settlement agreements and other related initiatives. For example, in Pennsylvania our work with their Home and Community Based Services has involved implementing tracking mechanisms in order to report on specific populations transitioning from institutional settings to the community as well as implementing required changes to the enrollment and notification process. Our teams have a track record of working collaboratively with our state government clients to develop solutions that enable state agencies to comply with corrective action plans in the timeframes required.

Deloitte's expertise across the Health and Human services spectrum means that we know successful Medicaid programs are not operated in a silo, separate from other programs. Illinois' residents require integrated health and human services programs focused on improving the health and well-being of individuals, families and communities.

4. Medicaid Business Process Modernization

RFI reference: Page 4


Requirements

Based on the information sought herein, respondents would include only those whose experience includes the following areas:

4. Medicaid Business Process Modernization

The State of Illinois' vision to transform the State's Medicaid services delivery system fundamentally changes the way the State serves millions of its residents. Medicaid Business Process Modernization is a key underlying component of the Illinois Alliance for Health Innovation Plan and plays a critical role in the success of the full transformation and implementation.

Our history of success working with Medicaid agencies across the country has led to numerous state and federal agencies selecting Deloitte to solve their biggest Medicaid challenges over the years. As highlighted the following figure, we have a historical track record of successfully developing solutions for states with a structured, collaborative approach by leveraging proven tools to tackle any problem.



DISTINGUISHING FACTORS

- Knowledge and experience in all facets of modernization – including the people, process, and technology aspects of the effort
- Experience gained by supporting Medicaid modernizations in a number of states over the last 4 decades
- A set of tools and accelerators to help Illinois plan and successfully implement its Medicaid Business Process modernization efforts

Deloitte Has Been a National Leader in Every Phase of Medicaid Transformation

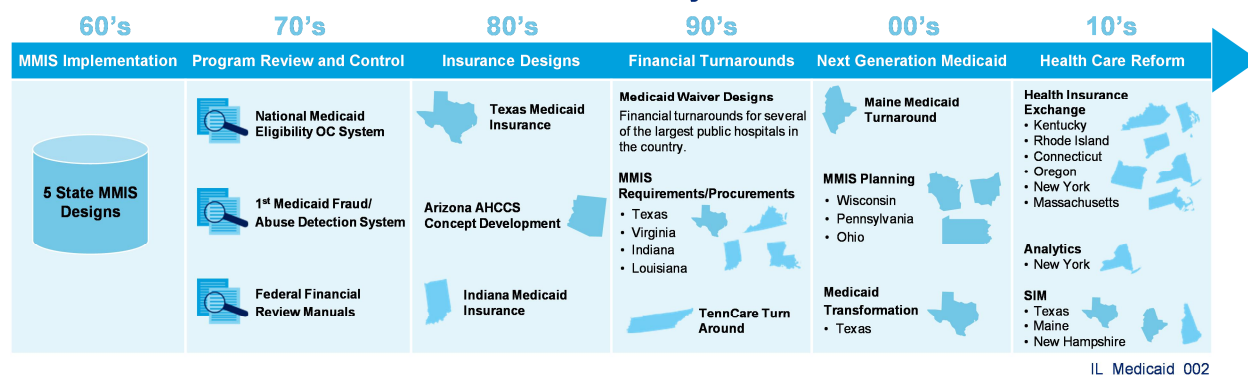


Figure 6. Deloitte is a Leader in All Phases of Medicaid Transformation.

Description of Deloitte's Capabilities

Medicaid Business Process Modernization is a complex endeavor and depending on the nature of the effort, may require a wide range of capabilities for a successful implementation. We have found that typical activities part of a Medicaid Business Process Modernization include, but are not limited to:

- Medicaid Organization Operating Model Design
- Medicaid Cost Containment
- Medicaid Transformation Implementation
- Eligibility Modernization and Business Process Reengineering

Deloitte brings established methods for each of these activities and as well as professionals with the background and institutional knowledge from a range of project experiences. We understand that a Medicaid Business Process Modernization effort is not a one-size-fits all effort. As such, we tailor our methodology, approach and project team to fit the goals, vision and objectives of the modernization effort.

Medicaid Organization Operating Model Design

Medicaid is changing – and increasingly the state organizations who run Medicaid programs find themselves playing 'catch-up' to align their own organizations in order to effectively deliver these new programs. Deloitte works with Medicaid agencies to redesign their organization to support their new operations by using Deloitte's Service Delivery Transformation framework. This framework consists of a robust set of tools and templates to help create and refine business processes that help define an ideal business operating model across several dimensions.

In New Hampshire, Deloitte is using this tool to help the Department of Health and Human Services design a new operating model to support the transition of their Medicaid program to Medicaid Care Management. The effort includes conducting an assessment of how staff are currently aligned and developing a 'to-be' model for the new organization that supports their current Medicaid program.

In Ohio, Deloitte is currently assisting the Medicaid organization transition from a business unit within a department into an independent, Cabinet-level agency. Deloitte's work with the Ohio Medicaid Director's Office includes analyzing and formulating a future-state operating model design, aligned with MITA and supportive of Ohio's approach to integrated service delivery.

Medicaid Cost Containment

Along with the development of sustainable operating models, Deloitte also has experience modernizing Medicaid business processes to manage program costs. We recognize that numerous states across the nation are facing a shrinking pool of discretionary funds amid a pace of growth in health and human services spend that consistently exceeds revenue growth and without intervention, this trend will worsen in the future as evidenced in Figure 7.

Macro-level drivers for this situation are varied. They include:

- Exploding health care costs
- Increased life expectancy
- High occurrence of chronic illness and disease
- Weak economy and unemployment
- ACA (Affordable Care Act)

Administrative drivers also play a role, including:

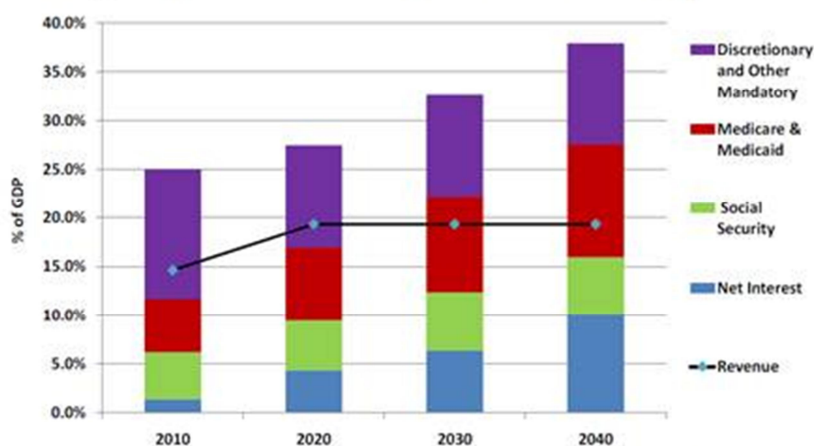
- Operating and administrative redundancies
- Multiple points of entry for service delivery
- Overlapping services
- Poor care coordination

Illinois, like most states, faces some of these very same realities. Enrollment in Medicaid in Illinois is growing and accounts for a large percentage of Illinois's state budget, crowding out investments in education, transportation, economic development and pension funding, which is the number one fiscal challenge in Illinois. Cutting costs and finding ways to save money continues to be a top priority for health and human service agencies in all states. Deloitte recognizes this priority and helps states use processes and technologies to realize their Medicaid cost containment goals.

For example, in Wisconsin, we helped lead a statewide effort to engage stakeholders in the development of innovative ideas to control the state's growing Medicaid costs. Wisconsin benefited from hundreds of ideas proposed in a manner that was information, thoughtful and inclusive.

Currently in Pennsylvania, a Deloitte team is using data analysis and focused case reviews to help identify options to address high cost Medicaid consumers. This project was initiated by the Pennsylvania Department of Public Welfare (DPW) which was seeking assistance in improving the quality and efficiency of service delivery in Pennsylvania, while also identifying opportunities for cost savings.

Revenues Completely Consumed by Major Entitlements and Interest by 2025



Source: CBO's "Alternative Fiscal Scenario" constructed from the August 2010 Budget and Economic Outlook, additionally assuming that troops in Iraq and Afghanistan are reduced to 30,000 by 2013.

IL_Medicaid_004

Figure 7. Revenues Completely Consumed by Major Entitlements and Interest by 2025

Medicaid Transformation Implementation and Business Process Reengineering

Based on Deloitte's years of experience working with state governments, we know that every state is unique and poses unique challenges when launching a Medicaid transformation program. To overcome these challenges we bring a set of lessons gleaned from our successful transformation implementations. We help health and human service agencies take models, plans, processes and applications – and turn them into reality on the ground.

Our transformation implementation approach combines organizational change management techniques (discussed in detail in the New Public Management section), project management principles (discussed in detail in the Health care delivery systems transformation section), and tailors them based on Medicaid requirements, such as MITA, and the unique aspects of a state's Medicaid program.

An additional area of focus in Medicaid transformation implementation office includes business process reengineering. In fact, we believe some level of business process reengineering is required by any state implementing program changes, in order to achieve the "triple aim" of improving the health status of people and their communities, improving the efficiency and effectiveness of clinical care, and reducing costs to make health care affordable.

In the State of Ohio, Deloitte leads Medicaid eligibility business process reengineering work and is helping to identify how agencies, staff, and key constituents are impacted by the implementation of the Office of Health Transformation's vision and the integrated eligibility and health and human services business intelligence system. These insights provide focused and deliberate inputs for the State's overarching change management strategy.

Deloitte also led the business process reengineering work in the Commonwealth of Kentucky during the implementation of Kentucky's Medicaid Enterprise Management System (MEMS) for the Department of Medicaid Services (DMS). During this effort, a complete set of business processes for all changed MEMS business areas was created and used to support the system implementation. Deloitte successfully supported DMS in the transition from the current business processes and organizational structure to the new MEMS business practices and organizational structures in a controlled way.

Medicaid business process modernization may range from a small effort to streamline the provider enrollment process to a large scale effort focused on the use of MITA-aligned technology and process changes. Deloitte brings the tools and practical experience to help Illinois implement the process changes related to its Medicaid transformation effort.

5. New Public Management vs. Old Public Administration Methodology Expertise

RFI reference: Page 4

Requirements

Based on the information sought herein, respondents would include only those whose experience includes the following areas:

5. New Public Management vs. Old Public Administration Methodology Expertise

Overview

New Public Management (NPM) is an opportunity to bring public management closer to the people it serves, and fosters innovation through a blend of private sector methods and public sector principles. It is ideally suited for Medicaid reform, because both NPM and a modern Medicaid system focus on how to best align incentives to achieve shared results. Deloitte's approach is consistent with NPM, in some of the following ways:

Results Management instead of Project Management

Deloitte knows that Illinois' Medicaid Transformation is not about building a centralized, top-heavy PMO in the state capitol, but rather is about building a person-centric delivery model that provides the highest quality of care across the diversity of the state. In similar engagements we have often created a Results Management Organization (RMO) or a Transformation Management Office (TMO), versus the traditional PMO. The name change is indicative of the true focus of the effort – its not about achieve project milestones; instead its about holding stakeholders accountable for results, providing support for implementation and innovation and measuring progress based on shared outcomes.

Stakeholder Engagement Throughout the Lifecycle of the Transformation

In Wisconsin, referenced in Section 3 of this proposal. Deloitte's team helped the State to tie its Medicaid reform program to outcomes, instead of simply outputs. To facilitate this, Deloitte coordinated a four phase process of identifying savings ideas, analyzing them, developing recommendations, and implementing and tracking them. In identification and analysis phases, Deloitte created a standardized "Idea Analysis Template" that helped to provide a rigorous, comparable, and repeatable way to analyze ideas for costs savings – this, along with broad avenues of communication, empowered idea generation among multiple groups from the ground up.

In Kansas, Deloitte applied NPM-style governance to a Medicaid project. Deloitte brought together a wide mix of our practice leaders, including Wade Horn, former Assistant Secretary for Children and Families, to



Deloitte embraces New Public Management principles internally and in its projects.

- Deloitte uses a *Results Management Organization (RMO)* as versus a PMO, encouraging results instead of just outputs.
- We've managed projects in multiple states focused on reducing costs and improving service delivery through an outcomes orientation backed by data-driven approaches.
- We bring an experienced practice, focused on the state and local sector, with seasoned practitioners who have served government throughout their careers.

guide state leaders through developing a framework to gather and analyze information from stakeholders in order to improve its Medicaid system.

Ultimately, the application of NPM to the Illinois Medicaid Transformation will be guided by the “Three M’s” of New Public Management: Markets, Managers, and Measurement.

- **Markets:** Payment reform will include redesigned payment structures to support clinical integration and other forms of coordinated care.
- **Managers:** The new integrated delivery system will consist of an entire network of providers, including primary care doctors, specialists, behavioral health professionals, hospitals, long-term care facilities, and others
- **Measurement:** Providers, staff, and leaders will evaluate progress against meaningful measures including those identified the Innovation plan such as significantly fewer emergency room visits; fewer and shorter hospital admissions; reduced readmissions; and expanded care in homes and community settings for older adults and people with disabilities, rather than in more expensive and isolating institutions.

In the remainder of this section, we discuss how NPM principles can be applied for Illinois in the transformation and implementation of its Medicaid program

Description of Deloitte’s Capabilities

Deloitte offers capabilities and experience in Organizational Change Management, Legislative Affairs, and Performance Measurement and Data-Driven Decision Making that can drive an NPM-style approach to Illinois’ Medicaid Transformation. We help our clients develop accurate, measurable metrics, and then use data-driven approaches to coach teams to high-quality results in a supportive environment that fosters innovation and communication. This is critical in Medicaid reform, because instead of simply focusing on for outputs – encounters, claims, and visits - the system must drive to quality outcomes in the form of healthier individuals and communities.

Of note is that Deloitte’s experience with commercial health care clients enables us to share ideas across sectors when appropriate. For example, an early and innovative health care initiative that we started with one of our BCBS clients has since become a model for a number of state health programs.

Organizational change management

RFI reference: Page 3

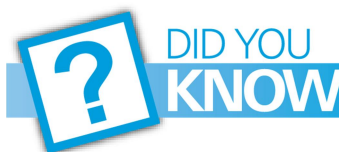
To execute such an ambitious reengineering of the State's delivery system, a respondent with expansive expertise in the following non-exhaustive areas may be required:

- Organizational change management

Organizational Change Management (OCM) cannot be an afterthought in the implementation of new programs and systems; Transformation initiatives are bound to fail if stakeholders do not have buy-in and support for the changes. In Illinois' transformation of Medicaid, change management will be especially important, as organizations may need to adopt a new way of managing and paying for care, as well as managing results in the form of health outcomes.

Deloitte's experience in Organizational Change Management (OCM) across private industries and governments allows us to leverage best practices and existing methods as tools for a focused and productive effort. Additionally, Deloitte's decades of Medicaid experience allow for unique insights into the complex interplay between Federal, State, and local health care delivery systems with a focus on stakeholder engagement and buy in.

We understand the magnitude and complexity of this transformation, and the impact of this change will have on staff across multiple agencies and entities. As such, it is imperative that this change be planned and managed strategically to create a smooth transition with sustained adoption of future processes, and care models. Based on our experience with this type of transformation, our change management approach can provide a faster path to implementation, accelerate goal achievement, lower total program cost, and reduce risk. Deloitte brings practitioners skilled in the change methodologies of thought leaders such as John Kotter who is a published and recognized thought leader in bringing change to large and diverse organizations.



Deloitte named a Vanguard Leader, based on capabilities, by *Kennedy in Change Management Consulting Source: Kennedy Consulting Research & Advisory; Change Management Consulting Market; © 2012 Kennedy Information, LLC*

Deloitte's Connection to the Leadership and Change Industry

In 1996, John P. Kotter's *The Heart of Change* became a runaway bestseller, outlining an eight-step program for organizational change that was embraced by executives around the world.

Taking it one step further in 2005, Deloitte Human Capital Principal Dan S. Cohen authors *The Heart of Change Field Guide*. With a foreword by John P. Kotter, the guide provides a practical framework for implementing each step in the change process, as well as a new three-phase approach to execution. It gives leaders and managers tools, frameworks, and advice for bringing Kotter's breakthrough change methods to life within their own organizations. Deloitte utilizes key principles within these publications in its Organization Change Management approach.

Dan has 20 years of experience in the area of large-scale organizational transformation.

CH_IE_OCM-038_3

Figure 8. Deloitte's Connection to the Heart of Change.

Dan S. Cohen, a Principal with Deloitte, wrote the Field Guide for the Heart of Change. It provides a practical framework that Deloitte staff use as a basis for our OCM activities.

Our experience comes directly from years of serving clients from all sectors of business and government, specifically addressing implementation and change management challenges as a part Medicaid transformation. Deloitte brings diverse expertise to these challenges from innovative change management methodologies to knowledge of public policy stakeholders; we have a flexible, adaptable approach that is customized for each state.

We have closely read the documentation on Illinois' health care reform website. Based Illinois' plan and our experience, some best practices we have used in other states that may be appropriate here include:

- **Create a compelling case for change.** Kotter's first step in implementing a change effort is to "establish a sense of urgency." This step can be incredibly difficult for health and human services staff who have been facing cuts in budget cuts, revenue shortfalls, and increasing applications by families hit hard from the economy. Stakeholders staff must be able to understand why this transformation effort is going to be different from past efforts to address health care reform.

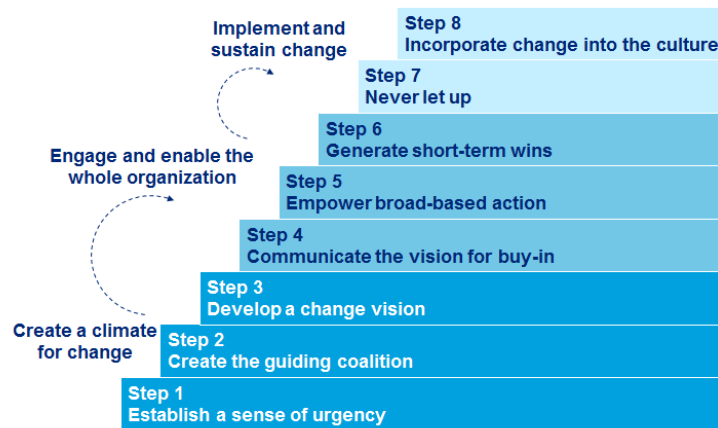
One way we created a compelling case for change in implementing Pennsylvania's Medicaid Home and Community Based Services case management system was to focus on the health and safety improvements the new system offered Pennsylvania's most vulnerable citizens. In doing so, we helped state staff, providers, and advocates alike to unite in understanding why change needs to occur- and quickly.

- **Leverage Current Employees.** Employees hold a great deal of knowledge about the challenges and how to address them. As your most valuable resource, they need to be engaged early in the process so that they contribute to the change, feel connected and gradually buy-in to the change. Deloitte was able to leverage this approach during the Michigan Bridges Integrated Eligibility project, developing quality assurance programs with employee collaboration to help confirm adoption and buy-in to change.

- **Develop and implement a communication plan.** Stakeholders will be more engaged throughout the transformation process if they feel they are informed. Our experience shows us that engaged stakeholders are much more likely to buy into the overall transformation vision and therefore be more receptive to the change overall.

In the chart below we list Kotter's Steps to Successful Change and identify some OCM activities to help achieve them in a Medicaid Transformation.

Kotter's 8 Steps To Successful Change



Steps to Successful Change		Key OCM Activities in Medicaid Transformations
Creating a Climate for Change	Establish a sense of urgency	Communicate the current state in terms of “people” measures – real stories and use numbers that offer little room for debate
	Create the guiding coalition	Engage a wide range of stakeholders from across the Medicaid spectrum
	Develop a change vision	Invest the time early on to develop a set of shared goals – similar to Illinois’ Alliance for Health Innovation Plan
Engaging and Enabling the Whole Organization	Communicate the vision for buy-in	Help all stakeholders understand positive changes will take place as a result of the Medicaid transformation
	Empower broad-based action	Make sure everyone knows how they contribute to the shared goals
	Generate Short-Term Wins	Medicaid transformation may take place over a number of years; therefore, states must identify ways for those involved to see early results through sharing data as it is available
Implementing and Sustaining Change	Never Let Up	Reinforce the goals of the Medicaid Transformation in every applicable public forum
	Incorporate Change into the Culture	Focus on the benefits of the change so that people see the long-term value

Figure 9. How Deloitte’s OCM Activities Support the Steps to Successful Change.

Legislative affairs

RFI reference: Page 3

To execute such an ambitious reengineering of the State's delivery system, a respondent with expansive expertise in the following non-exhaustive areas may be required:

- Legislative affairs

Deloitte knows that Illinois' Medicaid transformation may involve extensive collaboration with the Illinois legislature. We have experience supporting legislative interaction in a number of capacities in order to help you articulate program and policy information to the Legislature. Deloitte also has a wealth of staff with policy education and experience, many of whom have worked on the legislative side.

There are several key ways that Deloitte supports clients in the legislative process

- **Data Gathering, Analysis, and Presentation**

Deloitte can assist in gathering data, both from within Illinois and beyond, analyzing it, and preparing it in a for use with the Legislature. We can help you bring data together, and present it in creative ways, such as GIS maps, econometric forecasts, and interactive infographics.

- **Policy Analysis**

We can help you rapidly analyze policy alternatives and potential outcomes, whether they are coming from the Legislature, or are your agency's alternative approaches for presentation.

- **Research**

The Deloitte team is well versed in Medicaid transformation, and can produce concise research on Medicaid policies, implementation in other states, and technologies.

Performance Measurement and Data-Driven Decision Making

At the crux of a successful NPM-style implementation is the ability for stakeholders, from front-line workers all the way to agency executives, to see and understand performance data. If payment reform is linked to outcomes in any way, how those outcomes are measured and used needs to be clear to all involved. Outcomes and metrics have to be aligned to agency goals, to drive toward the objectives of the transformed Medicaid program. In the following MITA section we describe our approach to data analytics and some of the solutions we have used with states to offer great insight and transparency into their Medicaid data.

6. Medicaid Information Technology Architecture (“MITA”) knowledge to coordinate with the State’s ongoing health and human services technology transformation

RFI reference: Page 4

Requirements

Based on the information sought herein, respondents would include only those whose experience includes the following areas:

6. Medicaid Information Technology Architecture (“MITA”) knowledge to coordinate with the State’s ongoing health and human services technology transformation.

Overview

The State of Illinois has articulated a vision that fully embraces a service-oriented architecture consistent with the Centers for Medicare & Medicaid Services’ (CMS) Medicaid Information Technology Architecture (MITA) 3.0 framework and the Seven Standards and Conditions. These principles promote Illinois’ transformation goals including seamless integration, data integrity and consistency, and reduced duplication.

Deloitte has employed our Medicaid Information Technology Architecture (MITA) experience when leading Medicaid and Health and Human Services (HHS) projects in numerous state health care programs across the country. In this section we discuss the MITA knowledge and experience that Deloitte brings to bear in support of your options exploration for the implementation of a modernization plan for Illinois’ Medicaid services delivery system. We describe our MITA specific experience, our interpretation of MITA and how we use it as a framework across Medicaid and HHS organizations to support business and technology transformation.

Deloitte not only has experience and knowledge with the technical aspects of MITA 3.0 and CMS’ Seven Standards and Conditions, but practical experience using the framework and standards to help State Medicaid programs improve Medicaid program service delivery and to transform their HHS enterprises into integrated and efficient health care delivery systems. We have worked with MITA since its inception, beginning with our MMIS replacement business case for the State of Ohio, which was approved as a MITA “early adopter.”



- MITA experience in leading HHS projects supported by the MITA framework
- Dedicated HHS professionals that are focused on providing services to HHS organizations to improve program administration and the delivery of critical programs
- Experience conducting enterprise architecture/MITA assessments

Deloitte has used the MITA framework to support many HHS agencies in multiple states to align critical business initiatives with supporting enterprise architectures in Medicaid implementations, organizational transformations, enterprise health care reform road-mapping, and enterprise health IT (HIT) implementations. We have performed MITA assessments as well as enterprise architecture assessments for various states. For each of our clients, we have used a proven methodology to develop an enterprise approach that aligns critical business initiatives with supporting enterprise architectures.

Our MITA/IT assessment and planning capability uses service-oriented architecture (SOA)-based IT architecture and governance principles combined with a sound understanding of HHS programs. We have developed an enterprise architecture assessment framework that focuses on integrating the core aspects of HHS business and the supporting technologies.

In addition to our enterprise architecture experience, we use MITA as an organizing framework for a number of our state health care strategy and technology planning and implementation services. We have delivered multiple projects to various states using this approach, including:

- Conducting MITA-related assessments in states such as Indiana, Maine, Massachusetts, Ohio, Texas, and Wisconsin
- Performing MITA business process mapping and As-Is and To-Be analyses of critical processes for states such as Indiana, Ohio, and Pennsylvania
- Leveraging MITA as key element to ICD-10 planning and remediation initiatives in states such as Louisiana, Maine, and Massachusetts
- Developing MITA business, technical, and information architectures in such states as Maine, New York, Texas, and Wisconsin
- Transforming Medicaid business functions to more closely align with MITA business areas and processes in Kentucky, Ohio, New Hampshire, and New York

In addition to these activities and services, we have participated in MITA technical and business workgroups helping to shape the direction and application of MITA.

Description of Deloitte's Capabilities

MITA Framework across a Medicaid Organization

The MITA condition of the CMS Seven Standards and Conditions requires states to align to and advance increasingly in MITA maturity for business, architecture, and data. CMS expects the states to complete and continue to make measurable progress in implementing their MITA roadmaps. Deloitte understands that the MITA investments by federal, state, and private partners have allowed HHS agencies to make important incremental improvements in sharing data and reusing business models,

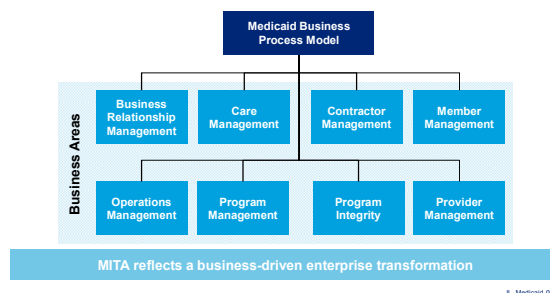


Figure 10. Medicaid Business Process Model.

applications, and components. MITA 3.0 is intended to build on and accelerate the modernization of the Medicaid enterprise and we see that being achieved.

MITA is both an initiative and a framework. As an initiative, MITA is a plan to promote improvements throughout the Medicaid Enterprise and the systems that support it through agreements between state agencies and its partners, including collaboration among intrastate and federal agencies. As a framework, MITA is a blueprint consisting of models, guidelines, and principles for States as they implement enterprise solutions.

As an Information Technology (IT) initiative, MITA supports Illinois' goals for an integrated business and IT transformation across the Medicaid enterprise. It establishes national guidelines for technologies, information, and processes to support Illinois' HHS program administration transformation. MITA's enterprise architecture framework, processes, and planning guidelines will enable Illinois to account for HHS Medicaid's unique program needs. The framework is also designed to enable Illinois to align your transformation planning with other state Medicaid programs and national-level Medicaid transformation.

The MITA framework provides for Business, Information, and Technical Architectures that support Illinois' transformation planning.

Business Architecture (BA)

MITA Business Architecture (BA) provides Illinois with a framework for transforming Medicaid Enterprise operations to provide better outcomes for all stakeholders, defines how transformed processes should improve over time, and defines how business capabilities can evolve to higher levels of maturity. Illinois should use the BA in assessing your current business capabilities and determining future improvement targets.

Information Architecture (IA)

As a companion to the BA, the Information Architecture (IA) maps business processes and capabilities to your conceptual data model and logical data model. Illinois' Medicaid Enterprise transformation information requirements will require changes to your business model, and new business process requirements will require new information. The IA will also support Illinois HHS data management strategy and reference to data standards across your enterprise transformation.

Technical Architecture (TA)

The Technical Architecture (TA) includes business, technical, and data access services. In addition to these services, the TA provides an application architecture and technology standards. All of these elements define a set of services and guidelines that will assist Illinois in planning and defining specifics to transform your future enterprise systems.

Illinois has already set the stage for the state's health care systems transformation in line with MITA and CMS' Seven Standards and Conditions by forming the Illinois-Michigan Program Alliance for Core Technology (IMPACT) project, which establishes the first State Medicaid program collaboration where one Medicaid Management Information System (MMIS) will support the Medicaid administrative operations for two states using cloud-based technology. Deloitte understands the MITA guidelines for

technologies, information, and processes and how they can support Medicaid program administration for improved health care outcomes and administrative processes. We understand the Illinois HHS enterprise vision for MITA alignment—to have a comprehensive framework with which to meet the technical and business demands required by an environment that will increasingly rely on health information technology and the electronic exchange of health care information to improve health outcomes and lower program costs. Additionally, Deloitte is familiar with legislation such as the HIT for Economic and Clinical Health (HITECH) Act, Children’s Health Insurance Program Reauthorization Act, and ACA legislation that MITA 3.0 is intended to support.

Security and Privacy

With increased emphasis on the electronic exchange of health care information, there needs to be an equally increased focus on securing and protecting sensitive health information. Medicaid information systems are subject to numerous Federal and State security and privacy requirements and industry standards. Securing systems with appropriate levels of security and privacy safeguards is a daunting challenge given the number of regulations and standards to comply with, several of which overlap in their requirements. The MITA Initiative incorporates built-in security and privacy guidelines, including the following key principles:

- Architecture contains security and privacy capabilities. Business processes have access requirements, data models, and technical models that address security and privacy capabilities.
- Technical capabilities protect the Medicaid Enterprise against known threats and, as it evolves, respond to new threats
- Security in the data models including access rights specified by role and by data element, tagging private data, and linking use of data with data query definition

Deloitte understands Illinois’ aim to protect the privacy and security of identifiable health information across all of your strategic transformation initiatives. We understand the importance of data governance and data management processes in IT projects. We have helped multiple states with built-in security and privacy guidelines during major implementations that align with MITA such as Maine’s MMIS replacement project.

Data Analytics Capabilities

RFI reference: Page 3

To execute such an ambitious reengineering of the State’s delivery system, a respondent with expansive expertise in the following non-exhaustive areas may be required:

- Data analytics

MITA guidelines call for data consistency across the Medicaid enterprise to confirm that copies of a data element are minimal, synchronization of multiple copies is available when necessary, and the official data of record always made available.

The MITA Data Management Strategy (DMS) provides seamless interoperability within and across the Medicaid Enterprise. Illinois needs to exchange and share information internally and with other state and federal agencies, organizations, and enterprises. As your Medicaid enterprise transforms, Illinois will need

to develop integrated systems that share information to achieve common Medicaid goals. Incorporating the MITA framework in your transformation planning will help Illinois HHS achieve data sharing, seamless integration, data reuse, and semantic operability at the enterprise level, while maintaining data quality and integrity.

As Illinois' health care enterprise transformation evolves and your technology aligns with MITA, traditional siloed information sharing methods will need to shift to an enterprise approach that shares data with other HHS-related systems and entities such as public health, Internal Revenue Service (IRS), and Child Health Insurance Programs (CHIP). This change requires standardized message formats containing the same data elements and formats to exchange data with external state, regional, and national entities.

Deloitte understands the business transformation services required to develop an approach to deliver a state Medicaid enterprise transformation solution and the analytical requirements to support Illinois health systems' transformation vision to improve health outcomes and deliver services at a reduced cost. The State's vision will not only require innovative approaches to improve outcomes but will require the use of a comprehensive data set and advanced analytics to evaluate implemented plans and support ongoing policy decision making. Deloitte leverages our Medicaid policy and analytics expertise along with our state health information technology and management experience to design integrated data and outcomes-based analytics that are required to develop, monitor, and drive the enterprise innovation plans.

Deloitte has MITA specific expertise in defining data analytics solutions for Medicaid Enterprises and assisting in data analytics transformation projects as part of enterprise business improvement initiatives. Deloitte was part of the Project Management team that implemented the Medicaid Data Warehouse for Maine's replacement MMIS. Deloitte's responsibilities included planning and design analysis of

business requirements, supporting report and analytics development, leading data quality management, testing, and data validation. Deloitte understands the various data domains stored in a Medicaid Data Warehouse and can clearly articulate on how to transform this data into analytic information required for

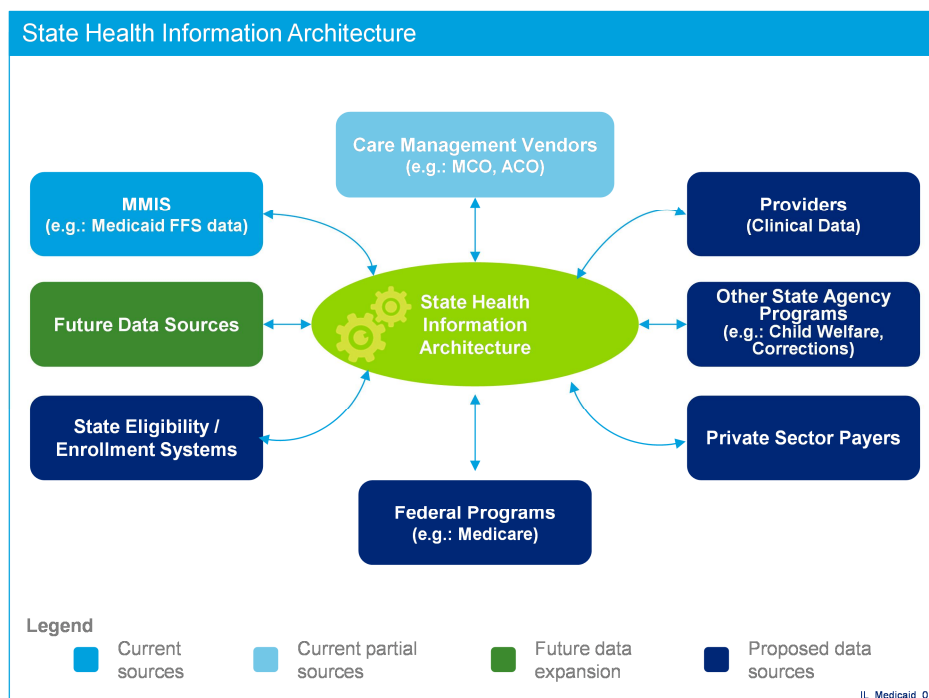


Figure 11. State Health Information Architecture.

your innovation project. We developed our Outcomes-based Information Solution (ObIS) specifically with the Medicaid enterprise in mind, enabling a wide spectrum of business users to access real-time, cross-program actionable information.

We recognized that increasing consolidation of health care delivery under the ACA, as well the new ties between HHS programs were driving both the need and the opportunity for states to rethink their current service delivery approach and shift to an outcomes-focused program supported by member, provider, and program data. In addition, CMS’ “Triple Aim” initiative further emphasizes the need for accurate, consolidated information across the enterprise to promote better care, improve health, and reduce costs.

Deloitte’s ObIS solution is part of our Deloitte NextGen Analytics (DNA), which helps state Medicaid leaders track trends and performance outcomes across their programs and populations while providing the ability to drill down to the heart of issues—whether at the provider, member, geographic, financial, or policy level. ObIS provides an analytics framework for Medicaid organizations to develop a holistic, member-centric view to guide program decisions and enable better care, promote healthy lifestyles, and manage enterprise costs.

ObIS brings together the information that states need to anticipate the challenges and opportunities facing their programs and take action. ObIS helps deliver better outcomes by:

- Determining areas of concern for service delivery
- Identifying problem areas within the context of health status, disease burden, and progression
- Uncovering potential sources of fraud, waste, and abuse
- Comparing the performance of programs, providers, and vendors
- Analyzing the potential impacts of incentive programs and interventions
- Providing the value of foresight through predictive analytics

Another solution within our framework is Recombinant by Deloitte, which we bring to bear in our enterprise transformation work.

Recombinant by Deloitte Solutions

Recombinant is Deloitte’s software/analytics business unit (acquired in Oct 2012) focused on secondary uses of health care data in an effort to improve the quality of patient care and efficiency of medical research.

Recombinant
By **Deloitte.**

Effective use of health care data to drive innovation and improvement requires more than just technology. Demonstrated frameworks and tools, leading practices knowledge, and solid experience are critical to the effectiveness of major initiatives like building clinical data warehouses, pursuing clinical quality improvement initiatives, creating translational research infrastructure, or establishing broad bio-banking solutions.

Recombinant by Deloitte provides a variety of broad solutions that can unlock the value of clinical data to help solve modern health care challenges. These include clinical performance improvement, managing patient care, achieving Clinical Integration in Accountable Care Organizations (ACOs) and other complex

organizational structures, meeting new and evolving requirements for analytics and reporting, and linking phenomic and genomic data for analysis.

Recombinant by Deloitte is prepared to work directly with Illinois to understand your environment, strategy, and objectives for enterprise health care transformation. We will tailor a solution architected to deliver outcomes-based and tangible results that address HHS particular enterprise challenges.

Outcomes Benchmarking and Monitoring

RFI reference: Page 3

To execute such an ambitious reengineering of the State's delivery system, a respondent with expansive expertise in the following non-exhaustive areas may be required:

- Outcomes Benchmarking and Monitoring

Deloitte has MITA specific expertise in providing outcomes benchmarking and monitoring support to Medicaid enterprise transformation projects. We have experience helping states define benchmarks as they relate to strategic program goals and Medicaid enterprise transformations.

MITA supports outcomes benchmarking through key performance indicators used to determine health outcomes, cost, and operational outputs that compare key performance metrics against the MITA maturity level assessment. Outputs from MITA State Self-assessments (SSA) and industry best practice/process benchmarking indicators support Illinois strategic management transformation plans for service delivery improvements and adaption to changed practices in alignment with MITA and state specific key performance indicators. MITA also supports outcomes benchmarking as a continuous process as you continually transform your Medicaid enterprise to meet the ever-changing Medicaid program requirements.

The MITA Framework provides guidance for a three (3) tier performance monitoring structure that applies to the Business Process Template (BPT), Business Capability Matrix (BCM), and Technical Capability Matrix (TCM). The MITA measurement categories include:

- **Performance Standard** - Management-approved indicator of the performance thresholds, requirements, or expectations that CMS expects States to meet in order to appraise at a particular level of performance.
- **Performance Measure** – Outcomes that track past, present, and future business activity based on established Performance Standards.
- **Performance Metric** - Key Performance Indicator (KPI) that measures activities and performance. KPIs are tied with business outputs support quality and service improvement, effectiveness and appropriate levels of control.

Deloitte's team is experienced in using the MITA performance monitoring structure in helping states with their MITA SSA and in aligning business transformations with MITA and state-specific performance criteria measures. We bring expertise in our Outcomes-based Information Solution (ObIS), which we developed to help state Medicaid leaders track trends and performance outcomes across their programs and populations. We leverage our tools to drill down to the heart of the issue, at the provider, member, geographic, policy, and budgetary levels. ObIS provides a holistic, member-centric view to program

information to guide program decisions, enable better care, promote healthy lifestyles, and manage enterprise costs.

Fraud, Waste, and Abuse Analytics

An important implementation component of a modernization plan for the State's Medicaid services delivery system would likely include Advanced Data Analytics to combat Medicaid Fraud, Waste, and Abuse to help reduce costs and to make health care more affordable. Our approach to protect the State's Medicaid program and reducing inappropriate payments is based on innovative data analytics, proven review processes, provider intervention, effective prepay edits, and processes augmented by experienced professionals. We use sophisticated data mining technologies based on industry-leading tools, allowing us to identify potential cases of fraud and abuse that would not be identified by traditional means. Our integrated information systems solution serves as an information repository for all materials developed through fraud and abuse activities and other operational processes, significantly improving the efficiency and quality of research activities.

Our program integrity strategy addresses fraud and abuse through different approaches that combat the many different ways in which criminals attack the system, and we prioritize our use of those tools to maximize our efficiency and effectiveness and protect the State.

Through our experiences and subject matter expertise, we have developed a standardized methodology for data mining and fraud detection, which we have successfully used on many different engagements across a variety of industries including health care fraud, anti-money laundering, and procurement fraud.

One example of this that highlights our work on a large, enterprise scale is the work done by Deloitte to implement the SAS Fraud Framework at the Financial Crimes Enforcement Network (FinCEN) to enable the agency's advanced analytics capabilities. Deloitte worked with stakeholders to install and configure all of the SAS Fraud Framework components within the agency's infrastructure, following the necessary software development life cycle processes. The team provided in-depth training to the end-user community on relational data models and usage of the analytic tools. In other situations, Deloitte has also deployed a variety of other fraud detection systems, including new methods for Social Network Analysis and text mining. We have worked closely with the business stakeholders to develop, test, and deploy a targeted set of business rules, and foster working group discussions on implementing process flows including rule governance, alert management, and assignment and triaging of alerts.

Using MITA in Response to Change

In the past years, Medicaid programs have been subject to significant change – from the Patient Protection and Affordable Care Act, to the American Recovery and Reinvestment Act, to the 5010 and ICD-10 changes. Deloitte has used the MITA framework to analyze the impacts of these changes, identify gaps, develop solutions, and draft plans to not only achieve compliance but also to advance Medicaid programs on the MITA maturity model. In example, Deloitte completed financial analysis of the impact of ICD-10 implementation on the state of Maine and the Commonwealth of Massachusetts' payment systems and goals for budget-neutrality. We also completed multiple ICD-10 initial impact assessments in which we based the remediation and implementation phases on MITA guidance and employed MITA Business Areas structures. Since its inception, Deloitte has employed the MITA initiative guidance and

framework in multiple state HHS program Medicaid-related projects across the nation. We are prepared to help Illinois leverage MITA guidance in transforming your health care delivery system.

2. Implementation References

Deloitte brings 40 years of expertise in the Health and Human Services sector, including the implementation and modernization of Medicaid services delivery systems. The depth and breadth of Deloitte's experience in state, federal and commercial health care means that we come ready to support Illinois' strategic vision around the 'Triple Aim' of improved health and improved clinical care at lower costs.

RFI reference: Page 5

2. List the state(s), territories, and/or tribal entities where your organization has implemented complex health care delivery reforms.
 - a. Describe the focus or components of the reforms that were or are being implemented.
 - b. Include contact information for the referenced implementation(s) and the name(s) of the individual(s) who can verify the status of the implementation(s).

Through our commercial, federal and state healthcare projects, along with our competencies in strategy, operations, actuary, change leadership and technology, Deloitte brings a wide range of experiences to bear for Illinois. Our professionals serve clients across these segments and have chosen to make their careers in these fields. Our ability to deliver to each of the industries and service areas, along with the strength of our research, allows us to deliver consistent, measureable results.

Our history of success working with Medicaid agencies across the country has led to numerous state and federal agencies selecting Deloitte to solve their biggest Medicaid challenges. Working alongside our clients, Deloitte has consistently been recognized as an industry leader in Medicaid policy through thought leadership as well as the implementation and maintenance of large-scale eligibility systems for our clients.

Deloitte provides a range of services to assist state governments—from developing health care strategies to assessing the impact of legislation to preparing financial models. We have significant actuarial and public payer/purchaser health care experience that supports the development of innovative care models and payment reform options.

Deloitte's track record of proven results demonstrates our ability to design, plan, manage, and execute health care delivery system transformations in alignment with the strategic vision of the state and its stakeholders. In response to Illinois' requested references below, we provide more detail on our work with **New Hampshire, Texas, and Kentucky** and offer a named client reference with contact information.



- Describes our State Government Healthcare experience across the country
- Offers detailed descriptions of our work leading state health and human services transformations in NH, TX, and KY
- Provides contact information for the referenced implementations



New Hampshire Department of Health and Human Services (DHHS)

New Hampshire received a **SIM Design Grant** and engaged Deloitte to assist with the development of their SIM Design activities. Deloitte was engaged to perform the Project Director, Subject Matter Expert and Project Management functions related to the development of New Hampshire's SIM Design. New Hampshire's SIM Design is focused on **developing a new delivery system for long term services and supports** by reforming how New Hampshire pays for those services and by **creating new payment structures that encourage better coordination and collaboration among the systems of care** that meet the needs of individuals who receive long term services.

Deloitte has worked collaboratively with the Department and over **60 stakeholder groups** to develop SIM initiatives. Deloitte deployed a "top down" approach:

- First developing and gaining a consensus on a vision and mission statement for the SIM project
- Second, helping the stakeholders and the Department develop goals and desired outcomes for the SIM project
- Third, developing with the stakeholders and the Department a payment reform strategy, and
- Fourth, defining a set of specific initiatives that will be tested in the Test phase.

In addition, Deloitte began providing executive support to DHHS as the State's Medicaid program was facing a potential State Fiscal Year 2012 shortfall of \$67 million and a dramatic increase in enrollment of 23 percent over the previous year. In response to the growth of the program and its significant impact on the state's budget, New Hampshire's legislature required that DHHS implement a mandatory Medicaid care management program by July 2012. As part of this requirement, Deloitte provided assistance to DHHS by creating a program framework to move all Medicaid-eligible populations into the managed care program. The project also included the creation of a statewide care management model that integrated physical health, behavioral health, waived long-term support services, and nursing home services.

Reference Contact:

Katja S. Fox
Health Care Program Specialist
NH Department of Health and Human Services
129 Pleasant Street
Concord, NH 03301
603-271-9406
katja.fox@dhhs.state.nh.us



Texas Health and Human Services Commission (HHSC)

Deloitte has been providing Health Actuarial services to the State of Texas Health and Human Services Commission (HHSC) since 2008. Recently, we have been supporting two important initiatives at the State.

The first initiative is related to an **1115 waiver** that Deloitte helped Texas HHSC prepare, submit, and ultimately receive **approval** from **CMS**. Overall, the waiver provides the State with the ability to payout up to \$29 billion for uncompensated care, charity care, and other care improvement opportunities to Medicaid providers over a 5 year waiver period. Our team supported the end-to-end development of the financial component and provided strategic support for this successful waiver application. HHSC's innovative waiver has laid the ground work for other states to follow suit with similar waivers as states continue to seek opportunities for improved quality of care and care management while maintaining Federal funding levels. Under our extension, we continue to support Texas in now implementing the care improvement opportunities through:

- Development of a provider application to submit improvement plans,
- Development of provider reporting tools that allows HHSC to track progress against the provider improvement plans,
- Development of reporting tools that allow HHSC to communicate provider plans and progress to internal leadership and CMS, and
- Development of models that allow HHSC to assess reimbursement methodologies against their progress

The second initiative is related to a **model design award** that was granted to HHSC as part of the **State Innovation Models (SIM) initiative** to design innovative payment and **delivery system models**.

Under this project, Deloitte is working with Texas to design innovative **multi-payer delivery and payment models** that base payment on quality outcomes. Specifically Deloitte is helping HHSC with national research on payment structures including existing accountable care organizations, shared savings arrangements, and other quality-based payment initiatives. We are also providing actuarial research on the logistics of bundling payments, reimbursing for episodes of care, and payments based on quality outcome measures. Ultimately our analysis and research will be used to help HHSC submit a testing grant to CMS to implement a statewide health care model that could result in a large double digit million dollar award from CMS to HHSC to implement their proposed plan.

Our experience with Texas demonstrates the research and analytical expertise that we provide our clients. Through our different projects with the HHSC, we have developed several reports and documentation to support analyses that have been delivered to providers in the Texas health care market, CMS, legislative bodies, and health plans. We have provided assistance to HHSC on a variety of initiatives including:

- Reimbursement strategy and procurement support for non-emergency medical transportation (NEMT) transition to a broker model
- Medicaid hospital reimbursement reform strategy
- Supplemental payment strategy
- Medicaid benefit analysis and benchmarking
- Data warehousing and data analytics

Reference Contact:

Bill Rago
Office of Economic Analysis
Texas Health and Human Services Commission
4900 North Lamar Boulevard
Austin, Texas 78751
(512) 424-6933
Bill.Rago@hhsc.state.tx.us



Kentucky Cabinet for Health and Family Services – Department of Medicaid Services

The Kentucky Cabinet for Health and Family Services (CHFS) is currently in the process of implementing Medicaid program changes to address Medicaid Expansion and other provisions of ACA. These changes include policy, business process, people, organizational, and systems changes. The Commonwealth realized the magnitude of the change, electing to dedicate a project management team to drive the project forward by required compliance dates.

Deloitte was engaged to serve as the project manager for the Medicaid Expansion project. In this role, Deloitte has been responsible for planning, facilitating, and supporting the people, process, technology, and policy changes required for DMS to implement Medicaid Expansion. Deloitte first conducted an impact assessment to understand how expansion would affect the Department. Next, Deloitte developed a work plan to guide the overall implementation and began supporting the implementation of that work plan.

Key areas in which Deloitte has supported DMS in implementation include: **benefit design, State Plan Amendment development, financial analysis, system change order development and tracking, policy development, CMS and external stakeholder communications, and data analysis.**

Through the joint Kentucky/Deloitte team's work, Kentucky completed the necessary activities to go-live with Medicaid Expansion on January 1, 2014. Sample project accomplishments include:

- Met DMS' timeline goals for program implementation.
- Received CMS approval of its State Plan Amendments covering the Medicaid Expansion changes prior to January 1, 2014, including becoming the second state in the nation to have its Alternative Benefit Plan (ABP) approved by CMS.
- Filed more than 30 state regulations related to Medicaid Expansion.
- Facilitated the development and submission of more than 20 MMI change orders.
- Designed a comprehensive mental health and substance use benefit package for all Medicaid members.
- Expanded the provider network to address the increased demand to include independent behavioral health professionals, as well as independent physical, speech, and occupational therapists.

Reference Contact:

Lawrence Kissner - Commissioner
Cabinet for Health and Family Services
Department for Medicaid Services
275 East Main Street, 6W-A
Frankfort, KY 40621
Office (502) 564-4321
Fax (502) 564-0509
Lawrence.kissner@ky.gov

3. Project Matrix

Our experience has given us the opportunity to work alongside many states plus the federal governments to plan, develop, and implement their Health and Human Services solutions. Our extensive experience is backed by our continuous presence within the HHS market as evidenced thru the project experiences highlighted in this section.

RFI reference: Page 5

3. Complete the following Matrix summarizing the subject of the projects that have been implemented or are in progress. (List each referenced program on a separate line.)

The transformation that the State of Illinois is undergoing as a part of healthcare reform requires a vendor that has a broad healthcare perspective and can examine the challenges from each angle. Deloitte offers the State what no other vendor can in terms of the nature of our understanding of healthcare reform.

Deloitte is the largest provider of consulting services by revenue, growth and market share. We have become this successful because of the strength of our people, the quality of our processes and services we provide, and the clients we serve. We serve clients across a number of industries, including both the private and public sectors. Drawing upon a combination of disciplines allows us to address our clients' most complex business issues from many perspectives, enabling our clients' success.

The table below outlines a sample of projects where we have provided services for large-scale, complex solutions, similar to the request of the Illinois Office of Health Innovation and Transformation.



- Deloitte ranked the #1 global consulting company by Kennedy and Gartner
- Deloitte Healthcare Practice rated #1 in the Industry
- More than 40 years of leading government health transformation
- 80 years of commercial experience with health plans, and providers

State/Territory/Tribal Program	Health Reform Implementation Focus/Components	Start Date of Implementation	Projected Completion Date	Project Web site
Connecticut Health Insurance Exchange	Deloitte is supporting the design and implementation of the Connecticut Health Insurance Exchange.	September 2012	Present	http://www.ct.gov/hix/site/default.asp
Illinois Integrated Eligibility System (IES) and Application for Benefits Eligibility (ABE)	In 14 months, Deloitte has developed and launched the new Application for Benefits Eligibility (ABE) and the Integrated Eligibility System (IES) portals to integrate the application for and management of medical, food, and cash assistance in Illinois. The team analyzed and implemented new business process, trained over 3,000 state employees, and continues to technically support and enhance the system to meet client needs.	October 2012	February 2015	https://abe.illinois.gov/abe/access/

Deloitte Consulting LLP
Response to RFI – Illinois Medicaid Health Systems
Transformation and Implementation Consulting Services

State/Territory/Tribal Program	Health Reform Implementation Focus/Components	Start Date of Implementation	Projected Completion Date	Project Web site
Illinois Health Benefits Exchange Planning and Market Place Assessment	Deloitte worked with Illinois to develop a comprehensive report summarizing the current state of health insurance coverage as well as the existing health insurance marketplace in Illinois. In particular, research and analysis focused understanding Illinois's uninsured, underinsured, and insured populations, the role they play in the current health insurance marketplace and their projected role in the future.	May 2011	November 2011	NA
Kansas Public Input and Stakeholder Consult Process	Advised the Kansas Medicaid program on how to design and implement a Public Input and Stakeholder Consult process. Collected data through various surveys, workshops and forums to guide policy changes.	June 2011	October 2011	NA
Kentucky ACA Process Development and Navigator Program	In addition to supporting implementation of the Kentucky Health Benefits Exchange, Deloitte is currently working with Kentucky on a number of Medicaid transformation initiatives (see Section 2 for more detail).	May 2013	October 2013	NA
Maine MITA Assessment	Deloitte worked with the State of Maine to conduct its MITA State Self-Assessment in relation to the eight MITA Business Areas and associated business processes presented in MITA version 2.01. To minimize disruption to MaineCare, we carefully reviewed business process blueprints and detailed system design documents developed to help MaineCare determine its future operational direction.	October 2009	February 2010	NA
New Hampshire	Deloitte is assisting a number of Medicaid transformation efforts as described in detail in response to question 2.	October 1996 (for initial eligibility system work)	Current	NA
New York MMIS Procurement	To help facilitate the State's plan to replace its Medicaid Management Information System (MMIS), Deloitte was engaged to assist the State in the development of the strategy, documenting the new functional and technical requirements, drafting the Request for Proposal (RFP), planning the evaluation approach, and facilitating the procurement process for the new MMIS.	October 2012	January 2014	https://www.health.ny.gov/funding/rfp/1211260917/index.htm
Ohio Organizational Change Management	Deloitte is transforming HHS policy, operating models, business process, and program administration to align with the new Medicaid eligibility system implementation. We are also assisting in splitting the Medicaid Department into a standalone agency.	July 2013	Present	NA

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Response to RFI – Illinois Medicaid Health Systems
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State/Territory/Tribal Program	Health Reform Implementation Focus/Components	Start Date of Implementation	Projected Completion Date	Project Web site
Pennsylvania Department of Public Welfare Program, Policy, and Resource Review and Maximization Initiative	Deloitte is leading a project focused on improving the quality and efficiency of HHS service delivery in Pennsylvania through innovation, data analysis and focused case reviews related to Medicaid services and related human services.	June 2013	Present	NA
Pennsylvania Essential Health Benefits Analysis	Deloitte conducted a study of the benchmark plans as part of an impact analysis related to the ACA EHB requirements.	June 2012	August 2012	www.portal.state.pa.us/portal/server.pt/document/1286190/ehb
Rhode Island Health Insurance Exchange	Deloitte is supporting the design and implementation of the Rhode Island Health Insurance Exchange.	April 2013	Present	http://www.healthsourceri.com/
Texas Health Reform and Insurance Exchange Assessment	Deloitte worked with Texas to define the costs and considerations of developing a state run insurance exchange. The project utilized a team of actuarial, technology, and strategy experts to understand the broad aspects of health reform and the insurance exchange from governance, cost, operations, and technical perspectives. Our work helped Texas understand the major considerations for standing up an insurance exchange and presented a “logic model” that shows how the business functions flow across state agencies and business functions.	June 2010	August 2011	NA
Texas Health Actuarial Services	The Texas STAR+PLUS managed-care program provides integrated acute and long-term care to eligible aged, blind, and disabled individuals in specific service areas. Deloitte assisted Texas in developing the STAR+PLUS Medicaid managed-care rates, the analysis of managed-care savings, and the review of STAR and STAR+PLUS projections.	December 2005	December 2012	NA
Texas Enterprise Data Governance	Deloitte worked with Texas to define business goals, conduct capability assessments and identify stakeholder groups and benefits of the EDG planning project. Through a series of workshops and surveys, the team performed an EDG Capability Maturity Assessment, EDG MITA Maturity Benefit Analysis, prepared EDG Capability Maturity Recommendations, defined EDG benefits and developed a strategic roadmap for the EDG program.	April 2012	December 2012	NA
Wisconsin Medicaid Administrative Cost Savings Study	Deloitte established a PMO that coordinated with providers, provider associations, advocacy, and others to help identify and quantify savings ideas using standard tools.	January 2007	March 2007	NA

Deloitte Consulting LLP
Response to RFI – Illinois Medicaid Health Systems
Transformation and Implementation Consulting Services

State/Territory/Tribal Program	Health Reform Implementation Focus/Components	Start Date of Implementation	Projected Completion Date	Project Web site
Wisconsin Rate Reform Study	Deloitte partnered with the State of Wisconsin Department of Health Services to identify \$600 million in savings to help close a budget deficit. Deloitte performed a diagnostic study on the Medicaid organization for a Department initiative that resulted in the identification of Medicaid program savings. Cost savings ideas were developed across the hospital, physician, managed care, long term care, program integrity and Medicaid program administration areas	March 2009	October 2009	NA
Wisconsin HIT Planning, Implementation, and Program Management	Deloitte was contracted to develop Wisconsin's State Medicaid Health Information Technology (HIT) Plan to serve as Wisconsin's strategic HIT planning document outlining how Wisconsin will administer the Medicaid EHR Incentive Program, and further expand the State Medicaid HIT Plan.	January 2010	Present	NA
CMS: Center for Program Integrity Design and Implementation	Deloitte worked with CMS on the assessment, design and implementation of the new Center for Program Integrity (CPI). The results of this project including the strengthening of CMS' existing program integrity business processes and development of new solutions to prevent and detect fraud, abuse, waste and errors in Medicare, Medicaid and the Children's Health Insurance Program (CHIP).	May 2010	July 2011	NA
Blue Cross Blue Shield of Florida Care Management Platform Redesign	Developed industry best practice recommendations for the operational model for population health management including utilization management and advised on the care management approach	February 2011	June 2011	NA
Blue Cross Blue Shield of Massachusetts Case Management Role Design and Transition Planning	This project assisted Blue Cross and Blue Shield of Massachusetts define future state roles and performance expectations necessary to support the recently implemented case management structure,	May 2011	July 2011	NA
Blue Cross Blue Shield of North Carolina Online Sales Portal Design and Installation	Deloitte collaborated with BCBSNC to plan, design, and enable an exchange model which allows individuals or their broker/agent to purchase individual health and other insurance products offered by BCBSNC. This project involved exchange planning requirements, financial management, integration across existing processes and systems, and significant changes to current business operations.	January 2003	June 2006	NA

Figure 12. Matrix of Completed or In-Process Projects.
Health Care System Delivery Reform Projects Implemented by Deloitte.

Summary

As the market leader in delivering HHS solutions that meet the needs of state constituents, Deloitte has experience with each type of service included within the RFI. The qualifications that we have selected specifically demonstrate Deloitte's ability to perform work similar in scope and complexity to the work described in the RFI with regards to Healthcare delivery systems transformation implementations, 1115 waiver implementations, State government consulting practice in HHS, Medicaid business process modernization, New Public Mgt. vs. Old Public Admin Method ology, and Medicaid Information Technology Architecture.

In the Appendix we offer profiles of some of our key staff with experience relevant to the qualifications identified by Illinois.

Appendix

Key Members of Our Practice

Health Care Systems Delivery Reform Expertise

The individuals featured here are just a few of the staff we offer with experience in implementing large health care systems delivery reform.



Russ Pederson has over 20 years of experience in provider, plan and systems development in Medicaid and related government healthcare programs. Mr. Pederson is a leader in Deloitte's Government Programs Practice assisting clients with business planning and delivery reform initiatives, payment methods and analytics, strategic planning, performance improvement and new business implementations. He is a recognized expert in Medicaid and ACA reform, managed care administration and government healthcare business transformation. Prior to joining Deloitte, Mr. Pederson

was Managing Principal at Sellers Dorsey LLC, where he developed and managed a nationally recognized consultancy focused on Medicaid and ACA health insurance programs, serving clients in more than 30 states.

Kara Harris leads Deloitte's State Health Program Operations market offering. Kara frequently serves as an advisor to state health and human service leaders, with a particular focus on service integration, the implementation of large-scale transformations and Medicaid eligibility. She led the Application for Benefits Eligibility Usability study for HFS/DHS as part of the Illinois Integrated Eligibility System (IES) project. Kara's other experiences include projects with Illinois Department on Aging, Pennsylvania DPW, Georgia's Department of Human Services, Delaware's Department of Social Services, Kentucky's Cabinet for Health and Family Services, Minnesota's Department of Human Services, and others.



Jim Hardy brings over 20 years of Medicaid and healthcare experience, including serving as Pennsylvania's Medicaid Director. He has helped states design and implement payment reform initiatives focused on providers and managed care organizations, Medicaid managed care programs and State based Health Insurance Exchanges. He also worked with states to develop new approaches to consumer directed care and long term services and supports. Jim is a frequent speaker at national conferences such as the America's Health Insurance Plans Annual

Conference.

Cheryl S. Smith brings knowledge and experience in health policy, strategic management, and policy design and program administration. Prior to joining Deloitte, Cheryl was with Leavitt Partners, where she played a central role in the creation of Utah's Health Insurance Exchange, one of the first state health insurance exchanges in the country. Cheryl also worked in the Utah Governor's Office of Economic Development as the Director of Policy and Strategy of the Utah Health Exchange office.



1115 Waiver and Related Activities Expertise

The individuals featured here are just a few of the staff we offer with experience in implementing 1115 waivers and related activities.



Steve Wander is a Fellow of the Society of Actuaries, and a member of the American Academy of Actuaries, and with more than 20 years of experience as a health actuary, leads Deloitte's Public Sector actuarial practice. He has consulted with HMOs, large national health insurers, Blue Cross Blue Shield plans, medical device companies, health care providers, government agencies, and employers on issues such as health insurance exchanges, health reform, risk-adjustment, Medicaid rate setting and rate certification, and product development. Steve has also led recent engagements with the Medicaid programs in Maine and Minnesota and has assisted a commercial health plan in the development of their Medicare Advantage bid. Recent projects include health reform analysis and planning, health insurance exchange planning and implementation, Medicaid managed care expansion, and Medicaid cost reduction analysis.

Tim Fitzpatrick is an actuary with significant experience performing financial analytics on Medicaid programs, including managed care rate setting, strategic analyses, ICD-10 financial impact assessment, and health reform analysis. He has led project teams in Texas, Pennsylvania, and Maine in the areas of provider reform, waiver development, benefit design, and reimbursement strategies. He has significant knowledge and experience in providing actuarially sound rate settings and risk adjustment methodologies across program areas



Jim Jones brings deep experience assisting large-scale client engagements. Jim has extensive expertise in Medicaid, CHIP, and Supplemental Nutrition Assistance Program (SNAP) policy and operations. He has also provided strategic planning and technical support for Health Insurance Exchange planning and eligibility and enrollment programs. Jim had a long career with the State of Wisconsin; serving as Deputy Administrator of Wisconsin's Division of Health Care Access and Accountability, SNAP Program Director, and Deputy State Medicaid Director.

Tom Steiner is a Director in Deloitte's Human Capital Actuarial, Risk and Advanced Analytics practice. He has served Medicaid agencies in over 10 states leading multiple projects which involved designing, implementing and monitoring programs to provide health care services. His most recent engagements include projects in District of Columbia, Kansas, Montana, Pennsylvania and Wisconsin. Apart from health care services programs, his experiences include working on state employee and health care exchange projects. He has in depth experience with Medicaid Behavioral Health programs, from both financial and overall program design perspectives.



State Government Health and Human Services Expertise

The individuals featured here are just a few of the staff we offer with experience in state government health and human services.



Wade Horn, Ph.D. is focused on helping state governments provide effective, efficient and client-focused health and human services. Wade will likely support OMAP thru the tasks included in Executive Support. Before coming to Deloitte, Wade served six years as the Assistant Secretary for Children and Families within the U.S. Department of Health and Human Services (HHS), where he oversaw over 60 federal programs with a total annual budget of \$47 billion aimed at improving the well-being of children and helping families achieve self-sufficiency.

In this role, Dr. Horn oversaw the development and implementation of numerous business and technology solutions, and he was a champion for coordinated health and human service delivery systems.

Beverly (BJ) Walker offers leadership and management experience from over 25 years of work in human services and education. She has successfully led reform efforts in state and local government and played key roles in promoting and supporting change and innovation in both the private and not for profit sectors. **A public official since 1995, she served in the administrations of two Governors (Illinois and Georgia) and the Mayor of the City of Chicago.**



Meghan Sullivan has over 13 years of experience in overseeing technology solutions within the health and human services area. She is a Senior Manager based in Chicago with a Public Sector focus, including work with the State of Illinois Integrated Eligibility System to support the Affordable Care Act. During that effort, she has been working extensively with both Illinois' Department of Healthcare and Family Services and Department of Human Services. **In addition to her work around Integrated Eligibility, Meghan is a leader within Deloitte's practice for Long-Term Care,**

including Medicaid 1915 Waivers.

Divya Nidhi is a Director within Deloitte's Public Sector practice. He has over seventeen years of experience in public sector strategic planning, program development, and information technology projects primarily integrated eligibility systems. He is a specialist in managing integrated eligibility systems for state governments **and is currently serving as the Program Director for the Illinois IES Project.**



Catherine Bannister is a Director at Deloitte where she has held a wide range of leadership positions, including Lead Consulting Partner for the state of Wisconsin. Throughout her career, Catherine has successfully delivered complex technology transformations for Health & Human Services agencies across the nation. Catherine has implemented solutions that enable enhanced assistance to our country's neediest individuals. She has worked in 11 states to automate the case management, benefit distribution and program performance analysis of social services and programs.

Medicaid Business Process Modernization Expertise

The individuals featured here are just a few of the staff we offer with experience in Medicaid business process modernization.



Sally Fingar has over 14 years of public sector consulting experience with a focus on helping Medicaid organizations achieve business and system efficiencies. Sally brings deep understanding of Medicaid operations, Medicaid Management Information Systems (MMIS) and the Affordable Care Act (ACA). Sally has experience working with the States of Maine, Wisconsin, Ohio, and Idaho with various Medicaid related projects. Most recently, Sally has been serving as member of Deloitte's Health Insurance Exchange (HIX) leadership team with the responsibility of analyzing ACA regulations and understanding their impact for state Medicaid and insurance departments. Sally is a regular speaker for client knowledge-sharing sessions related to state health.

Jeff Smith has over thirty years of experience in providing strategic and financial consulting services for Medicaid, Children's Health Insurance Program (CHIP), and expansion programs for over 35 states. His experience includes strategic planning and implementation related to program design, procurement, implementation, rate development, payment reform, and program operations and oversight. He has provided these services to many stakeholders including state Medicaid agencies, legislative committees, and high profile task forces on Medicaid managed care, CHIP, LTC, and uninsured programs. Additionally, Jeff served as VP of Finance for a national Medicaid managed care organization. His most recent experience includes working on Medicaid reform strategic planning and cost containment/reduction strategies for state Health Insurance Exchanges, as well as the design of programs to improve care for individuals who are dually eligible for Medicaid and Medicare.



Lindsay Hough is a seasoned leader with experience implementing program model changes and working with complex stakeholder groups at the local, county, state and federal levels. Lindsay brings hands-on experience working with Pennsylvania's Medical Assistance waivers, and a background in applied policy and statistical analysis. Her record of accomplishment includes driving innovation for results in health and human services agencies. Her project experience includes assisting agencies such as the newly formed Ohio Department of Medicaid, the New Hampshire Department of Health and Human Services, Kentucky Cabinet for Health and Family Services, and the Pennsylvania Department of Public Welfare. Lindsay is a Certified Government Financial Manager (CGFM) and a Project Management Professional (PMP).

Ivy Bela has 12 years of public sector and Medicaid experience including leading state government multi-agency initiatives, including communication of progress to state advisory boards and legislatures. Additionally, Ivy led a team in Rhode Island to develop and implement a State Based Insurance Exchange. Her most recent engagement was transforming Medicaid business processes and governance rules for the State of Ohio.



New Public Management Expertise

The individuals featured here are just a few of the staff we offer with experience in new public management expertise.



Bill Eggers is one of the country's best known authorities on government reform. An author, columnist, and popular speaker for two decades, he has built a significant following among public sector thought leaders in the U.S. and abroad. Eggers has advised dozens of cities, states and foreign countries and trained hundreds of public officials on government restructuring. He is a sought after speaker, giving close to 100 speeches each year. Currently as the global director for Deloitte Research and executive director of Deloitte's Public Leadership Institute, he is responsible for research and thought leadership for Deloitte's Public Sector practice. Eggers is a former appointee to the U.S. Office of Management and Budget's Performance Measurement Advisory Commission and the former Project Director for the Texas Performance Review/e-Texas initiative.

Christina Dorfhuber is a principal with Deloitte where she currently is a leader in Deloitte's U.S. National State and Local Public Sector practice. Christina is actively involved in developing the firm's capabilities and expertise in government cost reduction, customer relationship management, government enterprise reengineering, integration, financial and administrative systems and leadership innovation. She has presented numerous talks and papers on these topics and has authored several papers on government reform, cost and revenue optimization in a state government environment.



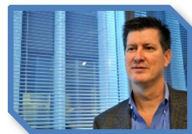
Mark Price is the leader of Deloitte's State and Local Government and Higher Education Strategy and Operations practice nationally. He has more than 25 years' experience serving government clients in the US and abroad where he has led a wide range of complex and often high-profile strategy, operations and technology engagements including: IT consolidation, transportation reform and cost reduction, e-Government transformation for multiple states, and Health reform implementation planning for multiple states. Mark is a regular contributor to Deloitte's research programs and publications and has been called upon to speak on the topic of transformation in government across the US.

Shruti Shah is a performance management and public policy specialist with 15 years of experience in the public and private sector. Her specialized knowledge has been sought by Governments, International Labor Organization, World Bank and Organization for Economic Co-operation and Development (OECD). Shruti leads Deloitte's GovLab organization in Washington DC. GovLab works closely with senior government executives and thought leaders from across the globe. GovLab seeks to develop innovative yet practical ways that governments can transform the way they deliver their services and prepare for the challenges ahead.



MITA Expertise

The individuals featured here are just a few of the staff we offer with experience in MITA.



Brian Erdahl leads Deloitte's State Health Information Technology practice. His deep leadership and technology experience includes both private health care and state Medicaid experience. He has significant experience in Medicaid Management Information System (MMIS), Health Information Exchange (HIE), and data warehouse planning and implementation. Over the past 17 years, Brian has focused on leading some of Deloitte's largest and most complex health-related business transformation projects.

Dr. Bharat Rao is a Director in the Analytics practice of Deloitte, focusing on advanced data analytics solutions for fraud detection, prevention and monitoring. He is recognized as a leading expert in data mining, big data, text analytics and predictive modeling. He has received many awards, including the highest lifetime award in data analytics, is a frequent speaker at conferences, has published 100 scholarly articles, one book, and has been granted 50 patents. Prior to joining Deloitte FAS, Dr. Rao held various leadership positions at Siemens Healthcare and Siemens Corporation



Michael Kleinmann is a performance management and public policy specialist with 15 years of experience in the public and private sector. Michael Kleinmann is a Senior Manager in Deloitte's Public Sector practice with 16 years' experience delivering strategy and technology projects in the public health care sector. Michael is a Certified Professional in Health Information Exchange (CPHIE) and a leader within Deloitte's State Health practice. Michael's experience includes planning, design, implementation, and adoption of health care solutions including Health Information Exchanges (HIE), Electronic Health Records (EHR), and Medicaid Management Information Systems (MMIS).

Kim Beckendorf is a Specialist Leader in Deloitte's Health Sciences & Government practice she will provide subject matter knowledge and input to the team, including providing input to project planning and approach, assisting the team to customize tools, and reviewing deliverables. She has 25 years of experience in health care consulting with significant experience in health plan operations and strategy. Kim served on several Deloitte firm wide task forces to address transformation in the Government and private healthcare marketplace. She has provided ICD-10 advisory services for two state Medicaid programs, a national Medicaid managed care organization in 10 states, and the Medicaid business segments of several national health plans.



Alan Fontes has over 26 years of experience in enabling business through designing innovative technology solutions in the healthcare industry. He has worked with government agencies, large national health care payers, Blue Cross/Blue Shield plans, MCOs, integrated health care delivery systems, and care management organizations. His areas of focus in these positions were: data systems and exchanges, data management and integration, data analytics, clinical groupers and stratification models, business and clinical intelligence analytics, decision support systems and information delivery, operations improvement, and risk management. He has developed innovative data analytical solutions on improving the health status of individuals by developing the right solutions to improve the quality of care.